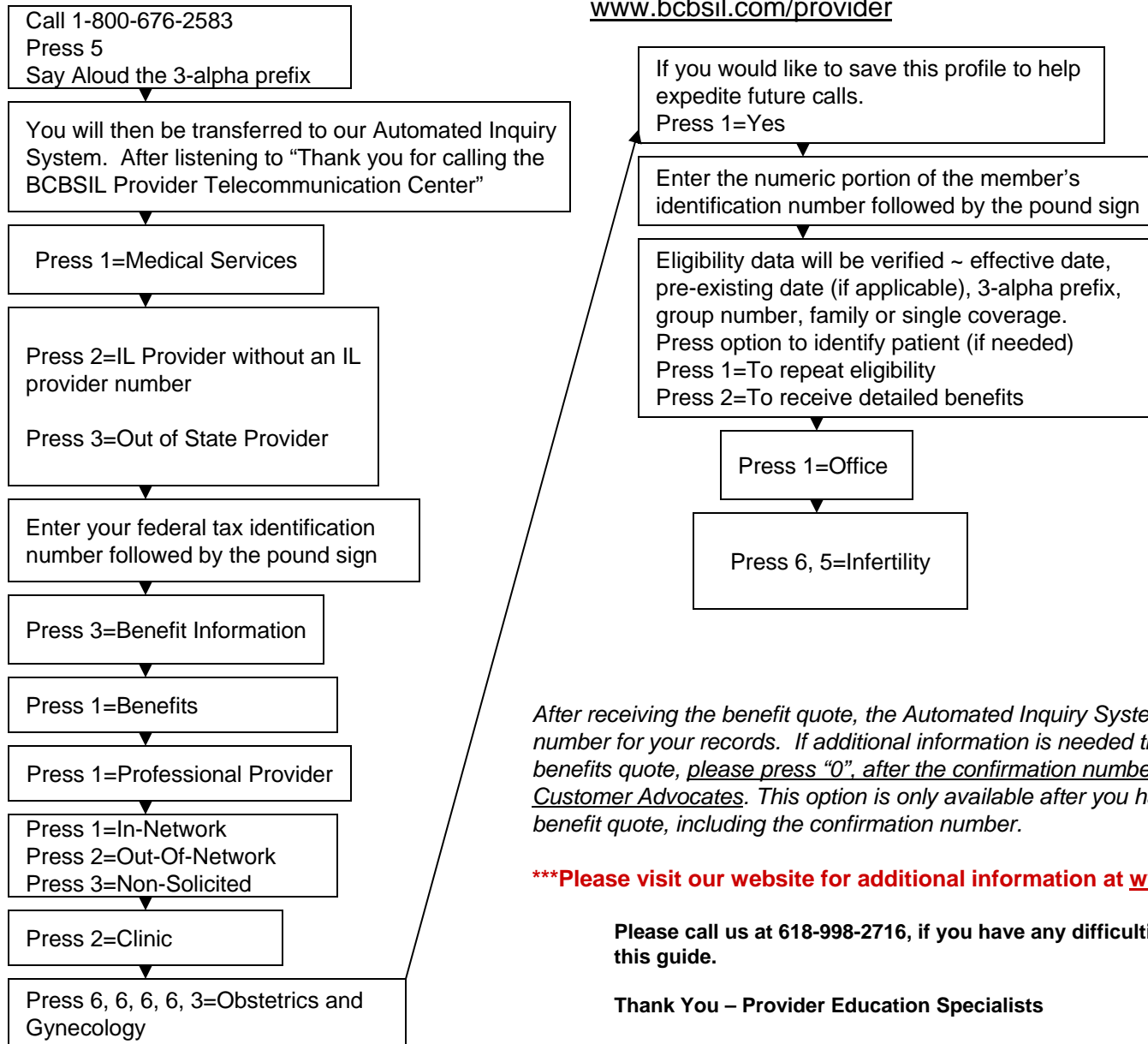Blue Cross Blue Shield of IL ~ Automated Inquiry System Phone Guide ~
Out of State Providers and IL Providers without an IL Provider Number
OB/GYN Infertility Clinic
www.bcbsil.com/provider

Call 1-800-676-2583
Press 5
Say Aloud the 3-alpha prefix

You will then be transferred to our Automated Inquiry System. After listening to "Thank you for calling the BCBSIL Provider Telecommunication Center"

Press 1=Medical Services

Press 2=IL Provider without an IL provider number

Press 3=Out of State Provider

Enter your federal tax identification number followed by the pound sign

Press 3=Benefit Information

Press 1=Benefits

Press 1=Professional Provider

Press 1=In-Network
Press 2=Out-Of-Network
Press 3=Non-Solicited

Press 2=Clinic

Press 6, 6, 6, 6, 3=Obstetrics and Gynecology

If you would like to save this profile to help expedite future calls.
Press 1=Yes

Enter the numeric portion of the member's identification number followed by the pound sign

Eligibility data will be verified ~ effective date, pre-existing date (if applicable), 3-alpha prefix, group number, family or single coverage.
Press option to identify patient (if needed)
Press 1=To repeat eligibility
Press 2=To receive detailed benefits

Press 1=Office

Press 6, 5=Infertility

After receiving the benefit quote, the Automated Inquiry System will give you a confirmation number for your records. If additional information is needed that was not included in the benefits quote, please press "0", after the confirmation number, to speak with one of our Customer Advocates. This option is only available after you have obtained a complete benefit quote, including the confirmation number.
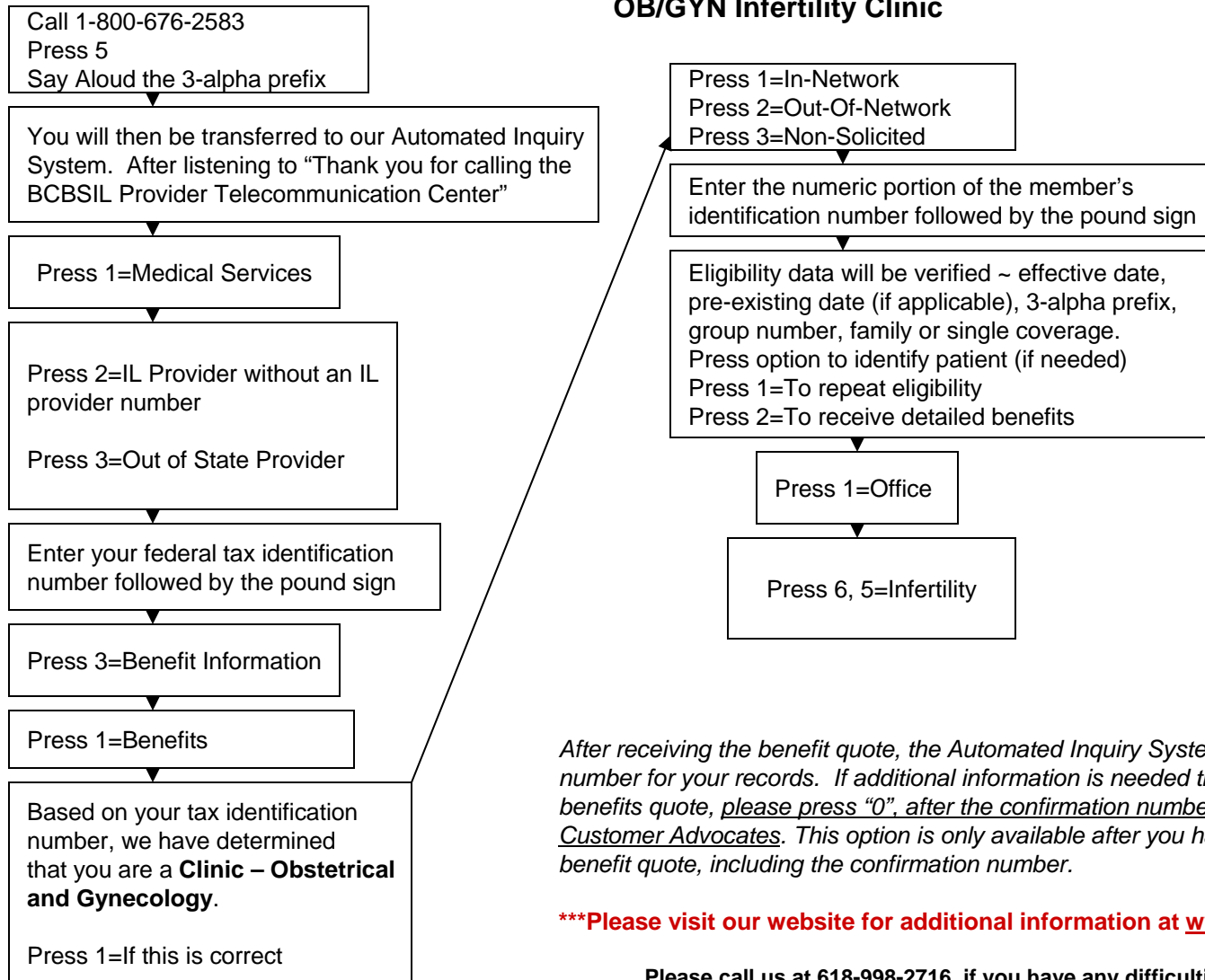
***Please visit our website for additional information at www.bcbsil.com/provider.**

Please call us at 618-998-2716, if you have any difficulties using this guide.

Thank You – Provider Education Specialists   **Rev. 1/07**   1

Use This Flow Chart After Saving Your Provider Profile

Blue Cross Blue Shield of IL
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Based on your tax identification number, we have determined that you are a **Clinic – Obstetrical and Gynecology**.

Press 1=If this is correct

Press 1=In-Network
Press 2=Out-Of-Network
Press 3=Non-Solicited

Enter the numeric portion of the member's identification number followed by the pound sign

Eligibility data will be verified ~ effective date, pre-existing date (if applicable), 3-alpha prefix, group number, family or single coverage.
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