

IVR - Interactive Voice Response System ~ Out of State Providers Physical Medicine & Rehabilitation

www.bcbsil.com/provider

Call 1-800-676-2583

Press 5

Say Aloud the 3-alpha prefix

Welcome to the BlueCross BlueShield of IL Provider Services Line. To direct your call, please state: **Medical or press 1**

State or enter:

Your 10 Digit billing National Provider ID (NPI)

* BCBSIL may not recognize an NPI Number for an out-of-state provider. <u>You will be asked to</u> enter your tax ID.

State or enter:

"Your 9 Digit Federal Tax ID Number"

State: Eligibility and Benefits or press 1

State or enter: "Numeric portion of the Member's Identification Number"

System will repeat the numeric portion of the Member's Identification Number to see if it is correct.

State: Yes or press1 (if it is correct)

State: No or press 2 (if incorrect - state the correct

Member's Identification Number)

*** If the member has multiple policies under the same Member's ID Number, the system will ask for the Group Number.

State or enter: Patient's Date of Birth (exp. August 13, 1968 or enter mm/dd/vvvv) Eligibility data will be verified ~ Type of policy, effective date, pre-existing date (if applicable) 3-alpha prefix, group number. System will give you a Confirmation Number for your records. State: Benefit Details or press 2 Please state provider type: **Medical Doctor Provider Specialty** State: Physical Medicine & Rehabilitation State: In-Network Or**Out-of-Network** System will repeat the Provider Type, Specialty and Network status. If you would like to save this profile to help expedite future calls. State: Yes or press 1 Please state where services Please state type of service:

are being rendered.

Example: Office, Outpatient, etc.

03/03/2009

Office Visit, Physical Therapy,

Occupational Therapy, etc.

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Use this sheet after you have set up and saved your Provider Profile on the IVR www.bcbsil.com/provider

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I have you as a Medical Doctor specializing in Physical Medicine & Rehabilitation and you are In-Network or Out-Of-Network

Is that right?
State: **Yes or press 1**

Please state type of service: **Example: Office Visit, Physical Therapy,**

Occupational Therapy, etc.

Please state where services are being rendered.

Example: Office, Outpatient, etc.