



**BlueCross
BlueShield**

John A. Doe

Account Name

Identification No.

ENZ123456789

Group No.

P00000



www.bcbsil.com



**BlueCross BlueShield
Of Illinois**

MEMBERS

This card is not a guarantee of coverage. To confirm eligibility please contact Account's Office.

Prior to receiving inpatient hospital services, or within 48 hours following emergency care, please contact CareAllies.

PROVIDERS

File all medical claims to your local BCBS plan.

Medical Provider Finder

1-000-000-0000

* Account Office

1-000-000-0000

* CareAllies

1-000-000-0000

* Not a BCBS Product

BlueCross and BlueShield of Illinois, an Independent Licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.

