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

Welcome to the Blue Cross Blue Shield of IL Provider Services Line. To direct your call, please state: Medical

State: Out of State Provider

State: “Your 9 Digit Federal Tax ID Number”

System will repeat your 9 digit Federal Tax ID Number to see if it is correct.
State: Yes (if it is correct)
State: No (if incorrect - state the correct 9 digit Federal Tax ID Number)

State: Eligibility and Benefits

State: “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 (if it is correct)
State: No (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: Patient’s Date of Birth (August 13, 1968)

System will give you the patient’s name and will ask if this is correct.
State: Yes (if it is correct)
State: No (if incorrect – state the patient’s correct date of birth)

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

Provider Type
State: Medical Doctor

Provider Specialty
State: Psychiatry

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

Please state type of service: Behavioral Health

Please state where services are being rendered.
State: Office

9/18/2007
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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

I have you as a Medical Doctor, specializing in Psychiatry and you are In-Network or Out-Of-Network. Is that right?
State: Yes

Please state type of service: Behavioral Health

Please state where services are being rendered.
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