Welcome to the BlueCross BlueShield of IL Provider Services Line. To direct your call, please state: 

**Medical or press 1**

State or enter: 

**Patient’s Date of Birth**

(exp. August 13, 1968 or enter mm/dd/yyyy)

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**

Provider Type

State: **Clinic**

Provider Specialty

State: **Mixed Therapy Clinic**

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 type of service: 

**Physical Therapy, Occupational Therapy, Behavioral Health, Hydro Therapy, etc.**

Please state where services are being rendered. 

Example: **Inpatient, Outpatient, Office, etc.**
IVR - Interactive Voice Response System ~ Out of State Providers
Mixed Therapy Clinic
Use this sheet after you have set up and saved your Provider Profile on the IVR
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. You will be asked to 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 press 1 (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/yy)

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

I have you as a Clinic specializing in Mixed Therapy Clinic and you are
In-Network or Out-Of-Network
Is that right?
State: Yes or press 1

Please state type of service:
Physical therapy, Occupational Therapy, Behavioral Health, Hydro Therapy, etc.

Please state where services are being rendered.
Example: Inpatient, Outpatient, Office, etc.