



Corrected Claim Form

This form is only to be used to make corrections to a previously adjudicated claim when you are unable to submit the corrections electronically.
Do not use this form to respond to an Additional Information request from BCBSIL.
Submit only one form per patient.

Corrected Paper Claim Form Attached

*****Inquiries received without the required information below may not be reviewed.*****

Claim Number:		<i>(For multiple claims, provide the additional claim number below)</i>
Group Number:	Prefix (3 character alpha):	Member Identification Number:
Patient Name: <i>(Last, First)</i>		
Date(s) of Service:	Total Billed Amount:	
Provider Name:	NPI:	
Contact Person:	Phone Number:	
Indicate the corrections requested.		

REMINDERS

- **Mail inquiries to:** Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, IL 60680-4112
- **Additional Information requests:** If you received an Additional Information request letter from BCBSIL, follow the instructions provided and use that letter as the cover sheet. If you do not have the cover sheet please use the Additional Information Form located at bcbsil.com/provider. *Examples of additional information include, but are not limited to: Medical Records, Operative Reports, Coordination of Benefits, Medicare Explanation of benefits, etc.*
- **Claim Review requests:** If you did not receive a request for additional information but are requesting a review of a previously adjudicated claim please use the Claim Review Form located at bcbsil.com/provider.

To view Claim Status online, utilize the Claim Status Tool on the Availity® Provider Portal at availity.com.