



BlueCross BlueShield  
of Illinois

## Organization NPI Submission Form

Name of Organization: \_\_\_\_\_ BCBS#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Submit to:**

Blue Cross and Blue Shield of Illinois  
P.O. Box 805107

Chicago IL 60680-4112

Attention: Provider Services 23rd Floor

Fax #: 866-589-8253

Please complete the following table to assist BCBSIL in its NPI implementation. Please identify your existing BCBS Number, a service name or description of services performed (Acute Care Hospital, Skilled Nursing Facility, Renal Dialysis, Clinic Location, etc.), the related NPI assigned by NPPES, **and include a copy of your confirmation letter (confirmation e-mail) from NPPES.**

Current BCBS ID	Service Name / Service Description	NPI