



Blue Cross Blue Shield of Illinois Enrollment Form

This agreement must be completed and approved by BCBS of Illinois prior to sending electronic claims through Secure EDI.

Please complete the required information below. A Blue Cross Blue Shield IL provider number **MUST** be included for each provider. If you have questions, please contact the Enrollment Department at 877-466-9656. Please mail or fax completed forms to:

Secure EDI
Attn: Enrollment Dept.
200 S Tryon St Suite 1700
Charlotte, NC 28202
Fax: 917-591-8247

Please complete the following information and return this form as instructed above.

Group Name:	
Address:	
City, State, Zip:	
Contact Person:	Phone Number:

Provider Information

Provider Name	Tax ID	Provider Number

Authorized Signature

Date