



## Durable Medical Equipment (DME) Benefit Limit Verification Request Form

Use this form to verify benefit limit availability for Durable Medical Equipment (DME) services for members enrolled in the Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) or Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> plans.

**Return this completed form to: [BCCHP\\_Benefit\\_Limit\\_Verification@bcbsil.com](mailto:BCCHP_Benefit_Limit_Verification@bcbsil.com)**

**Providers should complete section 1 of this form. BCBSIL will complete section 2.  
You will receive the requested benefit limit verification information within two business days.**

SECTION 1: MEMBER AND PROVIDER DATA (TO BE FILLED OUT BY PROVIDER)	
MEMBER ID #	PROVIDER ID (TIN OR NPI)
MEMBER NAME	PROVIDER NAME
MEMBER DATE OF BIRTH (DOB)	PROVIDER CONTACT
DME HCPC CODE(S)	PROVIDER EMAIL
ADDITIONAL COMMENTS	
SECTION 2: BENEFIT LIMIT VERIFICATION (TO BE FILLED OUT BY BCBSIL)	
DME HCPC CODE(S)	ALLOWABLE DAY SPAN
DATE SERVICE RENDERED	ALLOWABLE UNITS
REMAINING ALLOWABLE UNITS	UNITS USED
ADDITIONAL COMMENTS	

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