



REQUEST FOR ACCESS TO RECORDS

Please fill out both sides of this form.

Date of Request: _____
(Month/Day/Year)

Member's Name: _____
First Middle Last

Member's ID number: _____

Member's Date of Birth: _____
(Month/Day/Year)

Member's Address: _____
Street Address

City State ZIP code

Requestor's Name (if different than member): _____
First Middle Last

Requestor's Relationship to the Member: _____

(Note: Anthem must have consent in writing to release information. Written consent is required, unless the requestor is the member's parent and the member is a minor. If written consent is not on file, documents and this form, proving the requestor represents the member, must be sent to Anthem. Send this form and documents to the address on the last page of this form. Document examples include a valid power of attorney or guardianship paperwork.)

Requestor's Phone Number: _____

How would you like to receive the information? (Check one.)

Mail my information to this address:

Street Address

City State ZIP code

Do not mail my information. I would like to come to the nearest Anthem office to view my information.

REQUEST FOR ACCESS TO RECORDS

(Continued)

Please fill out both sides of this form.

Check all the records you would like to access:

- Claims information — Information about healthcare services paid on your behalf
- Enrollment/Disenrollment information — when you enrolled, your doctor's name, member ID number, etc.
- Case Management information — if you have or had an Anthem case manager, notes about your health status
- Disease Management information — if you have or had an Anthem Disease Management case manager, notes about your health condition(s)
- Referral information — services requested by your doctor for other doctors, tests, etc.
- 24/7 NurseLine information
- Utilization review (information used to approve or deny services)
- Complaints/Grievances/Appeals
- Other:

Time period of the requested records: From _____ to _____

How would you like to see the information? (Check one.)

- If offered, I would like my information in summary format. (This format will give you general information.)
- I would like my information in detail. (This format will give you specific information with reasons.)

You will have a response within 30 days after Anthem receives your request. Your request will be reviewed and may or may not be granted per the rules in place for Anthem.

Name and signature of requestor or member:

Print Name

Signature

Date

Enclosures: Nondiscrimination notice
Get help in another language

**Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect**

Please fill out this form and mail back to:

Member Privacy Unit

P.O. Box 62509

Virginia Beach, VA 23466-2509

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