



REQUEST FOR ACCOUNTING OF DISCLOSURES

(An accounting disclosure is a list of companies to whom Anthem may have sent your personal information.)

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

Member's Name: _____
First Middle Last

Member 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: Written permission must be on file with Anthem so the information being requested can be released. If this permission is not on file, request a form to designate a Personal Representative and submit it to Anthem. This is not necessary if requestor is the parent of a minor child.)

Requestor's Phone Number: _____

I would like to receive an accounting of disclosures made from _____ to _____.
(Month/Day/Year) (Month/Day/Year)

Please note the accounting can only go back six years from the date of the request and only includes disclosures made after April 14, 2003.

Please complete both sides of this form.

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(Continued)

Mail my information to the following address:

Street Address

City

State

ZIP code

You will receive a response within 60 days after Anthem receives your request.

Name and signature of requestor or member:

Print Name

Signature

Date

Enclosures: Get help in another language

Nondiscrimination notice

anthem.com/inmedicaid

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

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