



REQUEST FOR AMENDMENT OF RECORDS  
(Correction of Records)

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 from 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 for the parent of a minor child.)			
Requestor's Phone Number: _____			

Please explain what information is wrong or incomplete. Also, explain why it is wrong or incomplete.

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To be correct and complete, what should your records say?

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Please list the names and addresses of people who have received this information. Need more space? Attach a separate sheet of paper.

Name

Street Address

City

State

ZIP code

Name

Street Address

City

State

ZIP code

This will be reviewed and may or may not be changed in your record. You will receive an answer within 30-60 days after Anthem receives your request.

By signing this form, I give Anthem permission to contact the people I listed about my changed information.

Name and signature of requestor or member:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Enclosures: Get help in another language  
Nondiscrimination notice

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

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