



Date

Name

Address

City, State ZIP code

Member ID #: Member ID #
Reference Number: Reference Number
Dates of Service: Dates of Service
Servicing Provider: Servicing Provider
Requesting Provider: Requesting Provider
Service(s) Requested: Service(s) Requested

Dear Member Name:

Thank you for being an Anthem member. Your health is important to us. We want to tell you about a recent decision we made about your health care benefits.

We have approved request for service(s) listed above. We have also notified your doctor.

Keep in mind this letter confirms the requested services are medically necessary. **It doesn't guarantee payment since we cannot determine benefits until we receive your claim.** You must be eligible at the time you receive services. You may also have to make copays described in your member handbook.

For questions about your case, please write, call or fax our Utilization Management department at:

**Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466**

**1-866-408-6132 – Hoosier Healthwise
1-844-533-1995 – Healthy Indiana Plan
1-844-284-1798 – Hoosier Care Connect
Fax: 1-866-406-2803**

Our Member Services staff is also here to help answer your questions. Call us toll free at 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan) or 1-844-284-1797 (Hoosier Care Connect); (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Sincerely,

Utilization Management
Anthem Blue Cross and Blue Shield

cc: Servicing Provider
Requesting Provider

Enclosure: Your Rights as a Hoosier Healthwise, Healthy Indiana Plan or
Hoosier Care Connect Member

www.anthem.com/inmedicaid

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

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Call for free translation/Llame para una traducción sin costo/insert Burmese: 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.