



Tutoring Request and Authorization Form

Anthem offers tutoring services for Hoosier Care Connect members in foster care ages 4-21. By completing this form, I ask that the member named below be referred for services.

Member information

Name (first, last): _____ Female Male
Member ID#: _____ Date of birth: ___/___/___ Phone: _____
Street address: _____
City: _____ State: _____ ZIP code: _____

Education information

Teacher's name: _____
Member's school: _____
School address: _____
City: _____ State: _____ ZIP code: _____
Grade level: _____
Current grade point average: _____

Subject area(s) requiring tutorial services:

English Mathematics Language arts

Please sign and mail to the address below. You can also email the form (as an attachment or as a picture from a smartphone) to indianatutoring@anthem.com. To learn more, call Anthem at 833-621-3782.

Anthem Blue Cross and Blue Shield

ATTN: Indiana Medicaid

Mail Drop: IN0204-C497

220 Virginia Ave.

Indianapolis, IN 46204

I have read the contents of this form. I understand, agree, and allow Anthem to use and release the information for Member to third parties, including Educational Tutorial Services to coordinate the service requested. I understand that signing this form is of my own free will. I understand that Anthem does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.

I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Anthem. This approval will be effective until it is withdrawn. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Date: _____

Signature (parent or guardian if member is a minor)

anthem.com/inmedicaid

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

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