



Member Appeal Request Form

Instructions: Please complete this form and attach any documents that will help us understand your appeal request.

Mail to: **Anthem Blue Cross and Blue Shield
Member Appeals and Grievances
P.O. Box 62429
Virginia Beach, VA 23466**

You may also ask for an appeal by phone. Just call the phone number printed on your member ID card. We'll send you a response within 30 calendar days of when we receive this form.

Date: _____

Member name: _____ Member ID: _____

Address: _____

Phone number: _____ - _____ - _____

Information about the appeal

We will use the information you provide below to evaluate your appeal. This will be included as part of the permanent appeal record. Please write clearly and legibly. Use more sheets of paper if needed.

Date of service: _____

Type of service: _____

Outcome desired: _____

X _____ Date _____
Signature of member
(Parent or guardian if the member is a minor)

If the appellant is physically unable to sign, I, the Authorized Representative, certify that (appellant) _____ is physically unable to sign this form.

Describe the incapacity affecting the appellant.

Signature of Authorized Representative _____ Date _____

Authorized Rep (printed) name _____
First Last

[anthem.com/inmedicaid](https://www.anthem.com/inmedicaid)

Serving Hoosier Healthwise, Healthy Indiana Plan,
Hoosier Care Connect, and
Indiana PathWays for Aging

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.