



### Cancel Authorization Form

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 complete both sides of this form**

**Cancel Authorization Form  
(continued)**

Please cancel the authorization to release information that I signed on \_\_\_\_\_ (date required)  
(Month/Day/Year)

about \_\_\_\_\_  
(describe what was authorized/name of involved member)

I would like the authorization to be cancelled:

Immediately (Within five business days of receipt of this request by Anthem)

As of the following date: \_\_\_\_\_  
(Month/Day/Year)

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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