



REQUEST TO CANCEL CONFIDENTIAL COMMUNICATIONS

Date of request: _____
(Month/Day/Year)

Member's name: _____
First Middle Last

Member ID: _____

Member's date of birth: _____
(Month/Day/Year)

Member's address:

Street address

City State ZIP code

Requestor's Name (If different than 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 cancel the confidential communications I requested on _____ (date required).
(Month/Day/Year)

I would like this to be cancelled:

Immediately (Within 10 business days of receipt of this request by Anthem)

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

Please complete both sides of this form

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(Continued)

Name and signature of requestor or member:		
_____	_____	_____
Print name	Signature	Date

anthem.com/inmedicaid

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

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Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-284-1797 (Hoosier Care Connect); 833-412-4405 (Indiana PathWays for Aging); TTY 711.

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-284-1797 (Hoosier Care Connect); 833-412-4405 (Indiana PathWays for Aging); TTY 711.