



REQUEST TO CANCEL A RESTRICTION

Date of request: _____ (Month/Day/Year)			
Member's name: _____ First Middle Last			
Member's ID number: _____			
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 restriction I requested on _____ (date required). (Month/Day/Year)			
I would like the restriction to be cancelled:			
<input type="checkbox"/> Immediately (within five business days of receipt of this request by Anthem)			
<input type="checkbox"/> As of the following date: _____ (Month/Day/Year)			
Name and signature of requestor or member:			

Print name	Signature	Date	

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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.