



REQUEST FOR 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: _____

Reason for using different address:

Please complete both sides of this form.

This request is for all mail delivered in the future. This will not change the member's address listed with the state or Social Services Administration (SSA). All future Anthem communications will be sent to the address you list below:

Street address

City

State

ZIP code

Phone number (If different than the one listed above):

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.