



# Other Health Insurance Form

Dear Member:

Anthem needs data on Other Health Insurance (OHI) from our members. Please fill out this form if you or a family member has OHI. Return it in the enclosed self-addressed, postage-paid envelope or fax to **888-393-8993**. This data is important, so we can be sure your records are correct.

Member Name	Social Security Number	Member Date of Birth / /
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**Commercial/HMO/PPO Insurance:** Coverage Includes:  
 Place an 'X' in the box for all that apply.  Medical  Hospital  Major Medical  Pharmacy  Vision  Dental

Insurance Company Name and Address	Insurance Company Phone Number (with area code)
Policy Number	Group Number
Policyholder's Name	Effective Dates From: / / To: / /
Policyholder's Date of Birth	Policyholder's Social Security Number

Please list all family members covered by this insurance:

1.	2.
3.	4.

**If you have a separate policy for pharmacy, vision, or dental coverage, please indicate it here:**  
 Place an 'X' in the box for all that apply.  Pharmacy  Vision  Dental

Insurance Company Name and Address	Insurance Company Phone Number (with area code)
Policy Number	Group Number
Policyholder's Name	Effective Dates From: / / To: / /
Policyholder's Date of Birth	Policyholder's Social Security Number

Please list all family members covered by this insurance:

1.	2.
3.	4.

**Medicare Coverage:**

Medicare (Claim) Number	Medicare Part A Effective Date / /	Medicare Part B Effective Date / /
Member's Name	Social Security Number	

If you have any questions, please call Member Services at **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect), or **833-412-4405** (Indiana PathWays for Aging); **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time. Thank you.

Other Health Insurance (OHI) Verification Department

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

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