

Fax Requirements and Cover Sheet: Multiple Members or Claims

Use this form to request member eligibility, claims status or the member identification (ID) of Kentucky Medicaid members enrolled in Anthem Blue Cross and Blue Shield. This form is for requests involving **MULTIPLE** members or claims. Fields marked with an asterisk (*) are required for processing.

***Date:** _____

To: Anthem National Customer Care

Fax: 1-855-859-5042

***From (Contact Name):** _____

***Provider / Facility Name:** _____

***Provider ID:** _____

***Phone:** _____

***Fax:** _____

***Number of pages (including this cover sheet):** _____

***Request is for:** Member Eligibility Claims Status Need Anthem ID

Fax Processing Requirements

For each member or claim on your list, please include the information specified below. This information is required for us to process your request. If you're requesting more than one type of service, please clearly indicate this when submitting your request.

1. Request for Member Eligibility

- a. Member ID
- b. Member Name
- c. Date of Birth

2. Claims Status

- a. Member ID
- b. Member Name
- c. Date(s) of Service
- d. Claim ID

3. Need Anthem ID (You have the Medicaid ID and need the member's Anthem ID)

- a. Member Name
- b. Date of Birth
- c. Member Medicaid ID or Social Security number

<https://mediproviders.anthem.com/ky>

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