



**Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

Dear Member:

At HealthKeepers, Inc., we're committed to helping you and your family to stay healthy. This health assessment (HA) will help us learn about your health and coordinate your care in a way that meets your needs.

Please answer the questions as best as you can. The answers you share with us won't be shared with anyone who doesn't need to know. If you have questions about the assessment, or would like to complete it over the phone, please call us at 1-844-327-4301 (TTY 711) from 8:30 a.m. to 5 p.m., Eastern Time, Monday through Friday.

You can fill out the HA in one of four ways:

1. **E-mail** - Completed form to MET@anthem.com
2. **Fax** - Member Engagement Fax: 1-855-211-3701
3. **Phone** - Call us at 1-844-327-4301 (TTY 711). We'll help you fill out the HA over the phone Monday through Friday from 8:30 a.m. to 5 p.m. Eastern Time
4. **By Mail** - Fill out your HA and mail it to the address below:  
**Anthem HealthKeepers Plus**  
**Outreach Department**  
**P.O. Box 27401**  
**Richmond, VA 23268-8708**

**Health assessment**

Please check the answer that best describes you or the member (if you're completing the form for someone else). If the question asks you to fill in the blank, please write your answer in the space provided.

Name of person completing form:

Relationship to member(s):

Street address:

City:

State: ZIP:

Home phone: ( )

Cell phone: ( )

May we send you text messages and continue to call you on your cellphone? Please check one:

Yes  No

Email address:

What is the best phone number to reach you? Please check one:  Home  Cell  Other

If other, please write the number: ( )

*By providing us this phone number, you are giving us consent to call this phone number.*

Member Name:

Medicaid or FAMIS ID#:

Anthem HealthKeepers Plus Member ID # (nine digits):



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1. Do you have a primary care provider (PCP) who you see when you are sick or need regular checkups?  Yes  No
2. Are you seeing any specialists on a regular basis?  Yes  No
3. Have you been in the hospital within the past year, or do you have any procedures planned in the hospital in the next 60 days?  Yes  No
4. Are you taking any prescription or over-the-counter medications?  Yes  No
5. Have you been diagnosed with a behavioral health condition, or do you have a history of a behavioral health condition?  Yes  No
6. Are you receiving extra help such as special services through school, nursing care, day support or personal assistance?  Yes  No
7. Do you have health care needs we can help you with?  Yes  No
- 7a. Please describe the health care needs in the space below.
8. Do you have additional health care needs such as prescription assistance, durable medical equipment, etc.?  Yes  No
- 8a. Please describe the additional health care needs in the space below.
9. Do you need help with referrals for other health or social services such as shelter, food or clothing?  Yes  No
- 9a. Please describe the needs in the space below.
10. For female members only: Are you pregnant?  Yes  No

We can translate this at no cost. Call the Member Services number on your member ID card. -

Podemos traducir esta información sin costo. Llame al número de Servicios a Miembros que figura en su tarjeta de identificación de miembro.

The information in this document is for educational purposes only. It is not to be used as medical advice. -

La información contenida en este documento se proporciona sólo con fines educativos. No debe utilizarse como consejo médico. -