

Form completion tips

Complete and submit a *Continuity of Care Request Form* if your Anthem health plan ended because your employer's contract with us terminated. It is important that your care is not disrupted during this change to a new health plan. If you aren't enrolled in a new health plan, or your doctor is not in your new plan's network, you may be eligible to keep receiving care for certain conditions or scheduled services.

Please do not complete and submit the form if you are not currently receiving ongoing care or if you do not have upcoming services scheduled.

Please complete and submit a *Continuity of Care Request Form* if any of the circumstances listed below apply:

- You are in treatment for a serious and complex condition. (This can be a sudden illness that requires specialized treatment in order to avoid death or permanent harm. It can also be an ongoing illness that is life threatening or potentially disabling and requires specialized care over a long period of time.)
- You are in a hospital or other inpatient facility.
- You are scheduled for non-elective surgery by your current doctor, including your post-operative care for the surgery.
- You are pregnant.
- You are terminally ill.

If you have questions or need help, please call us at the Member Services number on your ID card.

Please mail or fax this completed form to:

State	Mailing address	Fax number
Colorado	Anthem Blue Cross and Blue Shield Attn: Anthem Blue Cross and Blue Shield, HS0535 700 Broadway Denver, CO 80273	800-763-3142
Connecticut	Anthem Blue Cross and Blue Shield Attn: Medical Management Department 108 Leigus Road Wallingford, CT 06492	877-539-3851
Georgia	6087 Technology Pkwy Mail Drop GA081W-0012 Midland, GA 31820	HMO/POS: 404-842-8390 or outside Atlanta 888-246-0226 PPO and GA Local: 877-254-4971
Indiana	Indiana Anthem UM Services, Inc. Attn: COC - UM Mailpoint: IN0205-A599 220 Virginia Avenue Indianapolis, IN 46204	
Kentucky	Kentucky Anthem UM Services, Inc. Attn: COC - UM Mailpoint: IN0205-A599 220 Virginia Avenue Indianapolis, IN 46204	800-730-6061
Maine	Anthem Blue Cross and Blue Shield Attn: Medical Management Department 2 Gannett Drive South Portland, ME 04106	877-539-3856
Missouri	Missouri Anthem UM Services, Inc. Attn: COC - UM Mailpoint: IN0205-A599 220 Virginia Avenue Indianapolis, IN 46204	Local: 314-923-8542 (866-969-1393) CDHP: 314-923-8562 (866-959-1394) CMSi: 866-959-2154 866-959-1393

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Nevada	Anthem Blue Cross and Blue Shield Attn: Anthem Blue Cross and Blue Shield, HS0535 700 Broadway Denver, CO 80273	800-763-3142
New Hampshire	Anthem Blue Cross and Blue Shield Attn: Medical Management Department 108 Leigus Road Wallingford, CT 06492	877-539-3860
Ohio	Ohio Anthem UM Services, Inc. Attn: COC - UM Mailpoint: IN0205-A599 220 Virginia Avenue Indianapolis, IN 46204	800-266-3504
Virginia	Anthem Blue Cross and Blue Shield Medical Management Mail Drop VA44A P.O. Box 27401 Richmond, VA 23279	804-354-2578
Wisconsin	Wisconsin Anthem UM Services, Inc. Attn: COC - UM Mailpoint: IN0205-A599 220 Virginia Avenue Indianapolis, IN 46204	866-959-2154
Transplant	Transplant for IN, KY, MO, OH, and WI (CR Local only) Transplant Department Anthem Blue Cross and Blue Shield 13550 Triton Park Blvd. Mail Stop: KY0304-A670 Louisville, KY 40223 Transplant for National Accounts email: Transplant_IHM@anthem.com	CR Local only: 866-255-2471 National: 888-438-7051
National Accounts Only applicable to NY, GA, and CR National	Buy Up COC form – This is applicable only for IHM, MHA, CCMU, and THTY accounts. Buy Up address: Anthem Blue Cross and Blue Shield National Accounts Attn: National Accounts Medical Management 15 Plaza Drive Mail Drop: NY59-15-3L-9999 Latham, NY 12210 CCM form is to use for all CCM National accounts. Anthem Blue Cross and Blue Shield Attn: National Continuation of Care Coordinator 220 Virginia Avenue Mailpoint: IN0205-A546 Indianapolis, IN 46207-7101	Buy Up: 888-438-7061 CCM: 317-287-6464
GA State Health Benefit Plan (SHBP)	740 W Peachtree St. NW Atlanta, GA 30308 Phone no: 855-641-4862	855-410-4455

Group Termination Continuity of Care Request Form



Instructions — Complete this form only if you are receiving ongoing care, or are scheduled to receive care, and you are not enrolled in a new health plan. Or, if your doctor isn't in your new plan's network. Please complete a separate form for each family member who may need continuity of care.

Subscriber information (of terminated Anthem plan)

Last name	First name	M.I.	Anthem member ID
Subscriber employer name	Date coverage ended: <input type="text"/> (MMDDYYYY)		

Patient information

Last name	First name	M.I.	Date of birth (MMDDYYYY)
Preferred phone no. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary phone no. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
New health insurance company			Effective date (MMDDYYYY)
Diagnosis requiring continuity of care (include pertinent history and physical findings)			

Medical information

1. Do you have an upcoming appointment to see a specialist? Yes No If yes, please provide the applicable information below.

Type	Physician name (last, first)/ Physician phone no.	Physician address	Date of next office visit/ Reason
Heart specialist	Name:		Date:
	Phone:		Reason:
Lung specialist	Name:		Date:
	Phone:		Reason:
Blood or cancer specialist	Name:		Date:
	Phone:		Reason:
Neurologist	Name:		Date:
	Phone:		Reason:
Surgeon	Name:		Date:
	Phone:		Reason:
Obstetrician for pregnancy Due date: <input type="text"/>	Name:		Date:
	Phone:		Reason:
Other — please be specific: _____	Name:		Date:
	Phone:		Reason:

