Subscriber Termination/PCP Change Form

(For Terminated Subscribers and PCP Changes Only)

Anthem

Return To: Anthem Blue Cross and Blue Shield
P.O. Box 37910
Louisville, KY 40233-7910

Fax To: **(317) 488-6992**

From:

Group no.: _____

Group name: _____

Address: _____

City, state, ZIP: _____

Phone no.: _____

Date: _____

Termination ONLY				PCP Change ONLY			
Employee last name	First	Employee ID no.	Last day worked	Member name	Effective date	New PCP name	New PCP no.

For approved circumstances, Anthem's guidelines permit terminating a member 60 days retroactive.
***Pay-as-billed Process** – All adjustments will be applied to the next billing period. Please do not write changes, terminations, etc. on your premium billing statement.*

I hereby certify that the above information is complete and correct. By signing this form, if not the Employer, I represent that I have the authority to sign.

Signature of officer of employer, employer's authorized signer or broker/agent	Date

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