Deductible Credit

Anthem

During the current calendar year, credit will be given for any amount applied toward the deductible under your prior group health insurance carrier's plan. Deductible credit will be given only when it is evidenced by a copy of the prior carrier's "Explanation of Benefits" (EOB) Statement. To ensure that deductible credit is properly applied to claims filed with Anthem Blue Cross Blue Shield, please provide the information requested below as soon as possible, but no later than 20 days from receipt of this notice.

To receive deductible credit, please complete the bottom of this form and submit it with a copy of your prior carrier's EOB statement to one of the following:

For Ohio
Anthem Blue Cross and Blue Shield
P.O. Box 37180
Louisville, KY 40233-7180

For Kentucky
Anthem Blue Cross and Blue Shield
P.O. Box 37690
Louisville, KY 40233-7690

For Indiana
Anthem Blue Cross and Blue Shield
P.O. Box 37010
Louisville, KY 40233-7010

This form is for deductible credit only

Group no.	Group name
Employee identification no.	Employee name

Deductible credit information is attached for:

Name	Relationship	Amount

A copy of prior carrier's explanation of benefits (EOB) is necessary for deductible credit.

Insurance Fraud Warning
Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association. ®Registered marks Blue Cross and Blue Shield Association.