

Verification/Authentication



And Its Affiliate HealthKeepers, Inc.

Please complete and attach to all emails that are sent to GBS-Anthem@anthem.com (mid-size and large group) or GBSACA-Anthem@anthem.com (small group)

Requestor First/Last name (not optional):	
Broker Number (not optional for broker):	
Agency Name (not optional for broker):	
* Broker First/Last name (not optional if different then requestor):	
* Group Number (not optional):	
* Group Name (not optional):	
* Policy Holder First/Last name (not optional):	
* Policy Holder Date of Birth (not optional, if applicable):	
* SSN/HCID# (not optional):	
* Dependent First/Last Name (not optional, if applicable)**:	
* Dependent Date of Birth (not optional, if applicable)**:	
* Claims information (not optional, if applicable): <ul style="list-style-type: none"> • Date of service • Total amount • Provider name 	
* Inquiry comments: Question or reason for email	

*** Information is required for research and auditing purposes. We need to make sure we have all pertinent information in order to assist you.**

**** The first/last name and date of birth are always required for the person who is the subject of the inquiry**

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