

SANTA CLARA UNIVERSITY  
COWELL STUDENT CENTER  
ANTHEM INSURANCE  
**MEDICAL CLAIM FORM**  
**2020/2021**

Please submit your claim online at [www.anthem.com/ca](http://www.anthem.com/ca). Online claim submissions require a one-time registration. You may also mail your claim to the following address:

Anthem Blue Cross  
P.O. Box 60007  
Los Angeles, CA 90060-0007

If you have questions about how to submit your claim, please contact Anthem at 1-800-888-2108.

Attached is a detailed receipt for services provided to me at the *Cowell Student Health Center at Santa Clara University*. This receipt includes date of service, tax id, date of birth, as well as the appropriate diagnosis and procedure codes. I am filing this claim form for reimbursement to **ME** (according to the plan benefits) as I have been charged and paid for these services.

STUDENT NAME: \_\_\_\_\_

STUDENT BIRTHDATE: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT PHONE NUMBER: \_\_\_\_\_

SCU ID #: \_\_\_\_\_

ANTHEM ID #: \_\_\_\_\_

CASE NUMBER: L00478  
SANTA CLARA UNIVERSITY

Thank you for your assistance with this claim.

\_\_\_\_\_  
**Student Signature and Date**