

SANTA CLARA UNIVERSITY
COWELL STUDENT CENTER
ANTHEM INSURANCE
MEDICAL CLAIM FORM

Please submit your claim online at 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 **Date**