

# Subscriber Termination/PCP Change Form

(For Terminated Subscribers and PCP Changes Only)



From:

Group no:

Group name:

Address:

Return to:

City, State, ZIP:

Phone:

Date:

<b>Missouri:</b> Anthem Blue Cross and Blue Shield P.O. Box 34200 Louisville, KY 40232-4200  Small Group Fax: 877-628-4607 Large Group Fax: 877-628-4607	<b>Wisconsin:</b> Anthem Blue Cross and Blue Shield P.O. Box 34220 Louisville, KY 40232-4220  Small Group Fax: 800-596-6408 Large Group Fax: 800-596-6408
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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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