

After the form has been submitted, you can call
Pre-Certification to check on the status: 1-877-814-4803

Continuation of Care Form

**Anthem UM
Services, Inc.**

Date: _____

- Instructions: 1. Complete Continuation of Care Request form.
2. Mail form to the address in the state in which the member resides. (See bottom of form)

Patient Information

Name _____ Date of Birth _____

Member Information

Name _____ ID Number _____

Address _____ City, State, Zip Code _____

Telephone: Home: (____) ____-____-____ Work: (____) ____-____-____

Doctor Information

Name _____ Specialty _____

Address _____ City, State, Zip Code _____

Telephone: (____) ____-____-____

Condition Being Treated:

- ☐ Pregnancy:
Initial Visit Date: _____ Due Date: _____
- ☐ Scheduled Procedures, Surgeries or Tests _____
Date: _____ Location: _____
- ☐ Post hospital follow-up visits
- ☐ Other (Specify) _____

How long is the treatment expected to continue? _____

Additional Comments: _____

PLEASE NOTE: THE SUBMISSION OF THIS FORM DOES NOT GUARANTEE BENEFITS. CONDITION(S) MUST MEET CRITERIA FOR CONTINUATION OF CARE, AND MEMBER'S HEALTH BENEFIT COVERAGE MUST PROVIDE CONTINUATION OF CARE BENEFITS

Indiana	Anthem UM Services, Inc. ATTN: COC – UM Mailpoint: IN25A-546 P O Box 7101 Indianapolis IN 46207-7101 Fax#: 800-266-3504	Ohio	Anthem UM Services, Inc. ATTN: COC – UM Mailpoint: OH0204-A662 4361 Irwin Simpson Rd Mason, Oh 45040 Fax#: 800-266-3504
Kentucky	Anthem UM Services, Inc. ATTN: COC – UM Mailpoint: KY0304A-670 13550 Triton Park Blvd. Louisville KY 40223 Fax#: 800-730-6061	Wisconsin	Anthem UM Services, Inc. ATTN: COC – UM Mailpoint: N17 W24340 Riverwood Drive Waukesha, WI 53188 Fax# 866-959-2154
Missouri	Anthem UM Services, Inc. ATTN: COC – UM Mailpoint: MOM904-S316 1831 Chestnut Street St Louis, MO 63103 Fax# local: 888-859-3046 Fax# CDHP: 888-224-4902 Fax# CMSi: 866/959-2154		