

**Huntington Beach Union High School District
Medical/Prescription Plan Inquiry**

Instructions:

- 1) Complete form (subscriber name and I.D. # can be found on your Anthem card).
- 2) Please type or print.
- 3) Sign and date form.
- 4) Submit to the insurance department in the District Office by district mail, fax (714-372-8106) , or email the form to insurance@hbuhsd.org

Note: By signing this form, you (or your dependent if over 18 years of age) are voluntarily providing medical/pharmaceutical information to the insurance department of the HBUHSD for the sole purpose of responding to the inquiry below.

Name (subscriber/dependent): _____

Subscriber Name: _____

Subscriber I.D.#: _____

Telephone #/email address: _____

Question/Challenge: _____

Signed _____ Date _____

NOTE: If you are having an RX issue and have not contacted the "Pharmacy" telephone number on the back of your Anthem insurance card (1-800-700-2541), please contact them first as the resolution to pharmacy issues can usually be addressed with this phone call.