



**Santa Clara University**

**Cowell Center - Anthem Insurance  
Medical Claim Form**

You may 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 have paid for these services.

Student Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anthem ID #: \_\_\_\_\_

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

**Case Number: L00478  
Santa Clara University**

*Thank you for your assistance with this claim.*