



MEMBERS: When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.

File medical claims to:
P.O. Box 60007 Los Angeles, CA 90060-0007
File dental claims to:
P.O. Box 1115 Minneapolis, MN 55440-1115
File vision claims to:
PO Box 8504 Mason, OH 45040-7111

anthem.com/ca

Member Service Provider Service Pharmacist Questions Pre Authorization 24/7 Nurseline Coverage while traveling Ped Dental/GRID Services Vision Member Service Vision Provider Service (855) 383-7248 (855) 854-1438 (800) 824-0898 (800) 274-7767 (800) 249-3617 (800) 810-BLUE (877) 567-1804 (866) 723-0515 (888) 581-3648

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