



## Contact Sheet

### Coast CCD-Orange Coast College

|                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                       |
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| <b>Anthem (SAIN) - Group #s</b>                                                                                                           | Coast CCD-Orange Coast College– L17198M007                                                                                                                                                                                                                                                                                            |
| <b>SAIN Claim Forms</b><br>Shared mailbox for claim form submissions, N# distributions, and claims processing or follow-up.               | <a href="mailto:SAIN@anthem.com">SAIN@anthem.com</a>                                                                                                                                                                                                                                                                                  |
| <b>SAIN Provider Verification</b><br>(MEDICAL PROVIDERS ONLY)                                                                             | Reference SAIN Program<br>Tel: 866-811-7946                                                                                                                                                                                                                                                                                           |
| <b>Claim Submission Process</b><br>(MEDICAL PROVIDERS ONLY)<br><br>***Electronic Billing is not available under Anthem's SAIN program***  | <b>Fax or USPS Mail Claim form with all bills</b><br>(HCFA1500, UB-04, and Primary EOBs)<br><br><b>Anthem Blue Cross</b><br>Student Health Claims Department<br>Attn: Claims Manager<br>21215 Burbank Blvd<br>Woodland Hills, CA 91367<br>Priority Fax: (855) 396-8418<br>Email: <a href="mailto:sain@anthem.com">sain@anthem.com</a> |
| <b>Sr. Client Manager</b><br>Day-to-day contact for N# distribution, Claim/Billing Issues, and Student-Athlete Contact                    | <b>Dashaye Clarke Clarke</b><br><a href="mailto:dclarke@studentinsuranceusa.com">dclarke@studentinsuranceusa.com</a><br>Tel: (310) 405-0676                                                                                                                                                                                           |
| <b>Sr. Client Executive</b><br>Escalated Issues, On-site visits, Staff Training, Renewals, Reporting and Invoicing, and Policy Management | <b>Brenda McBride</b><br><a href="mailto:bmcbride@studentinsuranceusa.com">bmcbride@studentinsuranceusa.com</a><br>Tel: (310) 405-0671                                                                                                                                                                                                |