



RBMC Primary Medical Provider Disenrollment Cover Form Without Re-enrollment

<input type="checkbox"/> Anthem		<input type="checkbox"/> Managed Health Services (MHS)		<input type="checkbox"/> MDwise	
Date Submitted:		Mail to: EDS Provider Enrollment Managed Care P.O. Box 7263 Indianapolis, IN 46207-7263		Fax to: (317) 488-5020 For questions, call 1-877-707-5750	
Instructions					
Please complete this form to request an RBMC PMP service location disenrollment from the Hoosier Healthwise Program. The PMP's disenrollment notification letter with a valid signature must accompany the PMP disenrollment request form. Please include ZIP+4 on all addresses on this form.					
Information					
1. MCO contact name:		2. MCO contact phone number:		3. MCO contact e-mail:	
4. Provider Name:		5. Indiana Health Coverage Program ID:		6. Provider NPI ID:	
7. Is the PMP disenrolling from a RBMC PMP individual service location(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
8. Individual existing service location address #1:				8a. Alpha Service location Code:	
9. Individual existing service location address #2:				9a. Alpha Service location Code:	
10. Is the PMP disenrolling from a RBMC PMP group service location(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
11. Group ID Number:			12. Group NPI ID Number:		
13. Group service location address #1:				13a. Alpha Service location Code:	
14. Group service location address #2:				14a. Alpha Service location Code:	
15. PMP RBMC service location disenrollment desired effective end date:					
RBMC disenrollments are processed on the 24 th of the month; the effective end-date will be the last date of the current month the RBMC disenrollment is approved. Member reassignments will be effective the first of the following month.					
For Completion by EDS Staff Only					
Date received:		Date completed:		Completed by:	