



All fields must be complete for processing
Please print legibly – except signatures

Fax this form to MDwise at 1-877-822-7188 or
317-822-7519 in the Indianapolis area

Hold Panel Add Request

Date of Request _____

Contact Name _____ Contact Telephone _____

Member Information

Care Select ID Number _____

Member Name _____

Social Security Number _____

Member Address _____

Member (or parent/guardian signature) _____

Date Signed _____

Provider Information

Why do you wish to add this member to your panel? Please check only one – Reason is required.

- This is an established patient I have treated in the past 24 months from today's date. (One page of documentation required)
- This is a family member of an already established patient that I have treated within the past 24 months from today's date. (One page of documentation required)
- I am the patient's Primary Physician in the primary insurance plan for this member. (One page of documentation required)

As a PMP, I agree to add the above *Care Select* member to my panel that is on hold.

Physician Name (print) _____

Physician Signature _____

Physician Provider ID Number _____

MAXIMUS Use Only

Date Received _____ Date Approved _____

Date Denied _____ Return Code/Reason _____