



Member Intervention or Education Request

(for MDwise *Care Select* Members Only)

Date of Request: _____

Person making request: _____ Title: _____

Your Facility / Office: _____ Office Phone: _____

Office Fax: _____

Member Name: _____ Member's Phone: _____

Care Select (Medicaid) Number: _____ Parent/Guardian Name (if minor): _____

Member's Most Recent Address: _____

EDUCATION REQUEST REGARDING:

Missed appointments: (Minimum of 2 or more within 3 months, unless special circumstances exist)

List Dates: _____

ER Abuse/ED Misuse: Please be specific as to what the member is doing and when:

- _____ Using the ER for non-emergent care
- _____ Using the ER during PMP office hours
- _____ Other

List Dates: _____

Other issues and/or summary of education efforts:

MDwise Intervention Results (internal use only):

Attempted phone calls:

Letters Sent:

Response/Results:

***NOTE:**This form needs to be faxed to MDwise *Care Select* Customer Service Department.

Fax completed requests to MDwise *Care Select* Customer Service at: 317-822-7519 or toll-free 1-877-822-7188

If you have any questions, Call MDwise *Care Select* Customer Service at 1-866-440-2449 or 317-829-8189