



Ward & Foster Doctor and Address Change Form

Name of Person Completing This Form: _____		
Name of Agency (If Applicable): _____	Phone Number: _____	

Directions: Please fill out this form if you can answer **YES** to any of the questions below. If you do not give this information to your child's health plan, your child may have problems getting medical care from his or her doctor.

- Is your child moving to a new foster home, foster facility, or adoptive home soon?
- Does your child need a new doctor due to the move?
- Has your child's address changed recently?

You can fill out this form or you can call your child's health plan to give the information below using the phone number listed at the bottom of this form.

Child's Last Name: _____	First Name: _____	Middle Initial: _____
Social Security Number or Medicaid Number: _____	Date of Birth: _____	
Name of New Foster Parent, Foster Facility, or Adoptive Parent: _____		
New Address: _____	Date of Move: _____	
New Phone Number: _____	Best Time to Call (If Known): _____	
Name of Preferred Doctor (If Known): _____		

Find a Care Select doctor in your area by going to <http://www.indianacareselect.com/7.html> or call your child's health plan. If the doctor you want is not on this list, please choose one for now. You can ask your child's health plan to ask that doctor to sign up. If that doctor decides to sign up, your health plan will call you to let you know. Once you choose a doctor, put the doctor's phone number and address in your child's Medical Passport.

You can mail or fax this form to your child's health plan using the address and fax number listed at the bottom of this form. Here is what will happen once your child's health plan has updated this information:

- They will help you complete a health risk assessment for your child.
- They will help you create a plan of care for your child.
- They will teach you about using your child's health plan services.

If your child's health plan is ADVANTAGE Health Solutions:

Customer Service: 1-800-784-3981
Fax Number: 317-810-4485
Address: ADVANTAGE Health Solutions
P.O. Box 40789
Indianapolis, IN 46240

If your child's health plan is MDwise, Inc.:

Customer Service: 1-866-440-2449/317-829-8189
Fax: 1-877-822-7188/317-822-7519
Address: MDwise, Inc.
P.O. Box 44214
Indianapolis, IN 46244