



Member Intervention or Education Request (for MDwise Healthy Indiana Plan Members Only)

Date of Request: _____

Person making request: _____ Title: _____

Your Facility / Office: _____ Office Phone: _____

Office Fax: _____

Member Name: _____ Member's Phone: _____

Member ID (RID) Number: _____

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:

_____ Going to a hospital other than assigned

_____ Using the ER for non-emergent care

_____ Using the ER during pmp office hours

List Dates _____

Other issues and/or summary of education efforts:

Member Advocate Results (internal use only):

Attempted phone calls:

Letters Sent:

Response/Results:

*NOTE: This form needs to be faxed to your MDwise Delivery System Provider Relations Representative. They will also receive results of intervention.

Representative name: _____

Fax number: _____

Fax completed requests to MDwise Outreach Department at:
317-822-7192 or toll-free 1-877-822-7192