



Member Intervention or Education Request
(for MDwise Hoosier Healthwise Members Only)

Date of Request: _____

Person making request: _____ Title: _____
 Your Facility / Office: _____ Office Phone: _____
 Office Fax: _____
 Member Name: _____ Member's Phone: _____
 Hoosier Healthwise 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, i.e. prenatal, newborn, etc.)

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:
317-829-5530 or toll-free 1-877-822-7190**