MDwise PMP Change Form

(for MDwise Hoosier Healthwise members only)

Member Hospital #: _____

If this is **NOT a MDwise member**, please have the patient call Hoosier Healthwise at **1-800-889-9949** to make the PMP change. You **CANNOT** use this form.

Your Facility / Office: _____ **Office Phone:** _____

Member Name: _____ / _____ **Member's Phone:** _____
Last First

RID Number (must be active)**:** _____ **Current PMP:** _____

New PMP Information:

Name: _____ / _____
Last First

_____ / _____ / _____
Provider Number Group Number Location Code

Member / Legal Guardian Authorization:

X _____ _____
Member or Guardian Signature Date

_____ _____
Member/Guardian PRINTED Name Date

_____ _____
Employee Name (PLEASE PRINT CLEARLY) Date

Reason for Request to Change PMP:

- ☐ Auto-assignment (doesn't want assigned PMP)
- ☐ Unsatisfactory Quality of Care (use "other" below to explain)
- ☐ Wrong PMP Assigned
- ☐ Location Not Convenient (30 miles / 30 minutes away)
- ☐ Member Relocated (to another city or area)
- ☐ **Other:** _____

FAX FORM TO: (317) 829-5530 or 1-877-822-7190

***NOTE:** MDwise members must wait for a letter from Hoosier Healthwise confirming the effective date of this PMP/Provider Change Request. Until confirmation is received, members must continue to contact the current PMP for their medical needs.

QUESTIONS: (317) 630-2831 or 1-800-356-1204

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