



MDwise Hold Panel Add Request

Fax Form to MDwise 317.829.5530

**** All fields must be complete for processing** ** Please print legibly – except signatures****

Date of Request _____

Contact Name _____ Contact Telephone _____

Member Information

Hoosier Healthwise ID Number _____

Member Name _____

Social Security Number _____

Member Address _____

Member (or parent/guardian signature) _____

Date Signed _____

Provider Information

Why do you wish to add this member to your panel? Please check only one – Reason is required.

- This is an established patient I have treated in the past 24 months from today’s date. *(One page of documentation required)*
- This is a family member of an already established patient that I have treated within the past 24 months from today’s date. *(One page of documentation required)*
- I am the patient’s Primary Physician in the primary insurance plan for this member. *(One page of documentation required)*

As a PMP, I agree to add the above Hoosier Healthwise member to my panel that is on hold.

Physician Name (print) _____

Physician Signature _____

Physician Provider ID Number _____

Physician Group Number _____ Location Code _____

Maximus Use Only	
Date Received _____	Date Approved _____
Date Denied _____	
Return Code/Reason _____	