Doctor Name: _____

Contact Name: _____

Contact Phone: _____

MDwise OB-only PMPs

(List of MDwise members needing reassignment due to end of pregnancy)

Member Name	Medicaid Number	Date of Delivery or Preg. Term	Date of Post-partum Exam	HHW Pkg.	Most recent phone number for member	Alternate Doctor Choices	**MDwise Use Only** Date letter sent to member	**MDwise Use Only** PMP change entered in CRM or delivery reported to the DFR

*** NOTE:** MDwise member eligibility changes on the first of each month. Please check to be sure that the patient is in fact **still eligible** and a change has not already occurred. Package B members will always remain active for approximately 60 days after the birth.

Please fax first to MDwise Provider Service Representative: _____ _____

(Name) **(Fax Number)**

Provider Relations please fax to MDwise Customer Service: (317) 829-5530 or 877-822-7190