



**Managed Care Primary Medical Provider Panel Limit or Panel Hold Update Form**

<input type="checkbox"/> <b>Advantage</b>		<input type="checkbox"/> <b>Anthem</b>		<input type="checkbox"/> <b>MDwise</b>		<input type="checkbox"/> <b>Managed Health Services (MHS)</b>		
Date Submitted:		Mail to: <b>EDS Provider Enrollment Managed Care P.O. Box 7263 Indianapolis, IN 46207-7263</b>			For questions, call (877) 707-5750		Please select applicable <b>Program</b> <input type="checkbox"/> Risk Based Managed Care(RBMC) <input type="checkbox"/> Care Select	
<b>Instructions</b>								
Complete every field on this form and submit the provider's panel update request. Submit the completed form and required documentation to EDS. Incomplete forms and documentation may be returned and may delay the PMP's panel size update.								
<b>Information</b>								
1. MCE Contact Name:			2. MCE Contact Phone Number:			3. MCE Contact E-mail:		
4. Provider Name:						5. MCE Fax Number:		
6. IHCP Provider Number:		7. Provider NPI Number:		8. Group Number:		9. Group NPI Number:		
10. Provider Specialty: (Other is utilized for Care Select only) <input type="checkbox"/> Family Practitioner <input type="checkbox"/> Pediatrician <input type="checkbox"/> OB/GYN <input type="checkbox"/> General Practice <input type="checkbox"/> Internist <input type="checkbox"/> Other_____								
11. Practice Type: <input type="checkbox"/> Solo <input type="checkbox"/> Group		12. Current Panel Limit:		13. Current Actual Panel Size:		14. Requested Panel Limit:		
15. Panel Hold Status (Hold/Open):			16. Number of Service Locations:			17. County of Service Locations:		
18. Justification of Variance:								
<b>Panel Change Request</b>								
19. Panel Limit Decrease: <input type="checkbox"/> Yes <input type="checkbox"/> No			19a. Place Panel Limit at:					
20. Panel Limit Increase: <input type="checkbox"/> Yes <input type="checkbox"/> No			20a. Place Panel Limit at:					
21. Panel Hold: <input type="checkbox"/> Yes <input type="checkbox"/> No			21a. Effective Date:					
22. Panel Hold Remove: <input type="checkbox"/> Yes <input type="checkbox"/> No			22a. Effective Date:					
21. Comments:								
<b>For Completion by EDS Staff Only</b>								
Date Received:		Date Processed:			Date Quality Checked:			