

- Panel Add Request
- Age Restriction Override
- PMP Change

*Please print legibly.
*Fax completed form to 877-822-7190 or 317-829-5530.
*Please wait 5-10 working days for process completion.
*PMP changes to a different delivery system go into effect on the 1st of the month.

Date of Request: _____

Medicaid ID Number (RID): _____ SSN# _____

Member Name (Print): _____

Member Phone Number: _____

Member Address: _____

Member State: IN Member Zip Code: _____

Member (or parent/ guardian signature):

As a PMP, I agree to add/keep the above Medicaid member on my panel.

Physician Name (Print): _____

Physician Signature: _____

Provider NPI Number: _____

Provider Location: _____

Provider State: IN Provider Zip Code: _____

Provider Group #: _____

Contact Name: _____

Contact #: _____