

# Provider Inquiry Form



Please check the appropriate box:

- Family Planning
- Hoosier Healthwise Eskenazi Health
- Hoosier Healthwise IU Health
- Hoosier Healthwise Total Health
- Healthy Indiana Plan (HIP)

Fax To: 317-822-7444

# of Pages \_\_\_\_\_

Phone: 1-800-356-1204 or 317-630-2831

Date of Inquiry: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Return Fax Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Provider E-mail Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

*Please do not use this form for appeals.*

Inquiry Type: \_\_\_\_\_ Claim Status \_\_\_\_\_ Dispute Status \_\_\_\_\_  
 (C]ZX only one)

| Member Name      | RID # | DOS | Amount Billed | Claim Type:<br>Prof or Inst |
|------------------|-------|-----|---------------|-----------------------------|
|                  |       |     |               |                             |
| Provider Notes:  |       |     |               |                             |
| MDwise Response: |       |     |               |                             |

| Member Name      | RID # | DOS | Amount Billed | Claim Type:<br>Prof or Inst |
|------------------|-------|-----|---------------|-----------------------------|
|                  |       |     |               |                             |
| Provider Notes:  |       |     |               |                             |
| MDwise Response: |       |     |               |                             |

| Member Name      | RID # | DOS | Amount Billed | Claim Type:<br>Prof or Inst |
|------------------|-------|-----|---------------|-----------------------------|
|                  |       |     |               |                             |
| Provider Notes:  |       |     |               |                             |
| MDwise Response: |       |     |               |                             |

Page \_\_\_\_\_ of \_\_\_\_\_