



# MDwise Provider Contract Inquiry Form

Completed forms should be submitted to  
prenrollment@mdwise.org

**PRODUCT LINE** (please check all that apply):

**Medicaid**

- MDwise Excel Hoosier Healthwise (HHW)
- MDwise Excel Healthy Indiana Plan (HIP)

**SPECIALTY** (*Behavioral Health - please complete second page*):

- Primary Medical Provider (PMP)
- Ancillary
- Behavioral Health
- Specialist
- Hospital
- Other, please specify: \_\_\_\_\_

**SERVICES RENDERED:** \_\_\_\_\_

Group/Provider Information			
Legal Name (W9):			
Tax ID Number (TIN):			
Group NPI:			
Bill Type:	1500	UB	Both
Service Information			
Primary Practice Address:			
County/Counties Served:			
Mailing Address:			
Contact Information			
Contact Name:			
Title:			
Mailing Address:			
Contact Telephone:			
Contact Email:			

**To be completed by MDwise Provider Relations:**

Approved   
  Denied (see notes)   
  Pending (see notes)   
 Site Visit Need?   
 Yes   
 No

PR Rep: \_\_\_\_\_ PR Management: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:



## MDwise Behavioral Health Provider Contract Inquiry Form

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**PRODUCT LINE** (please check all that apply):

**Medicaid**

- MDwise Excel Hoosier Healthwise (HHW)
- MDwise Excel Healthy Indiana Plan (HIP)

**SPECIALTY:**

- Midlevel Therapist Office
- OTP
- Psychiatrist/Psychologist
- Residential SUD
- Other, please specify\*: \_\_\_\_\_

**SERVICES RENDERED:** \_\_\_\_\_

Group/Provider Information	
Legal Name (W9):	
Tax ID Number (TIN):	
Group NPI:	
Bill Type:	<input type="checkbox"/> I 500 <input type="checkbox"/> UB <input type="checkbox"/> Both
Supervising Provider Name/NPI:	
Service Information	
Primary Practice Address	
County/Counties Served:	
Mailing Address:	
Multiple Locations (Counties):	
Contact Information	
Contact Name:	
Title:	
Mailing Address:	
Contact Telephone:	
Contact Email:	

**To be completed by MDwise Provider Relations:**

- Approved           
  Denied (see notes)           
  Pending (see notes)           
 Site Visit Need?   
  Yes   
  No

PR Rep: \_\_\_\_\_            PR Management: \_\_\_\_\_            Date: \_\_\_\_\_

Notes: