



Transportation Issue Follow-up Checklist for Hoosier Healthwise Members

Contact person: _____

E-mail address: _____

Phone Number: _____

Delivery System: _____

Date Submitted: _____

Urgent? Yes or No (Please circle)

1. Members RID number: _____

2. Date and time of the transportation issue: _____

3. What was the issue? (Please mark any and all boxes that apply and provide specifics.)

Missed appointment because transportation

Specifics: _____

Transportation vendor no show

Specifics: _____

Late getting the member to the appointment

Specifics: _____

Member told not eligible for transportation

Specifics: _____

Other Specifics: _____

Please fax the completed form to **317-822-7190**. A qualified MDwise representative will review the incident and respond once the investigation is completed.