



## MDwise Excel Network Right Choices Program Panel Add Request

**Please fax this form to MDwise Excel RCP at: 317-829-7818**

**\*ALL FIELDS MUST BE COMPLETED FOR PROCESSING**

Date of request: \_\_\_\_\_

Member's first and last name: \_\_\_\_\_

Hoosier Healthwise/HIP RID: \_\_\_\_\_

**Referring medical provider (Member's Lock-In Primary Medical Provider)**

PMP's first and last name: \_\_\_\_\_

PMP NPI#: \_\_\_\_\_

PMP signature: \_\_\_\_\_

**\*\*PMP manual, stamp, or electronic signature only (signatures of office staff on behalf of provider will not be accepted)\*\***

Providers to be added to Member's panel (must include first and last name and NPI#):

Notes: please include any dates of service to be covered for this provider (if a date is not specified on the referral it will be added for up to one year). A second Pharmacy or Hospital can only be added for specific date(s) of service.

Provider: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

Provider: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

Provider: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

Provider: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

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Provider: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

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