



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: _____

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CONFIDENTIALITY STATEMENT:

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