



# Pre Birth Selection Form

(To be used for Package E Members ONLY)

**\*All fields must be completed\***

Today's date: \_\_\_\_\_ Name of staff completing form: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Hoosier Healthwise RID#: \_\_\_\_\_ and Social Security #: \_\_\_\_\_

Member's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number where member can be reached (write none if no phone):  
\_\_\_\_\_

Full name of Hoosier Healthwise PMP member is selecting for baby:  
\_\_\_\_\_

Address of PMP \_\_\_\_\_  
\_\_\_\_\_

PMP ID Number \_\_\_\_\_

Selected Managed Care Organization  Anthem  Managed Health Services (MHS)  MDwise

Mother's estimated due date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

If PMP panel is full, PMP must sign below authorizing the addition to his/her panel.

PMP Signature \_\_\_\_\_ Date \_\_\_\_\_

Form Submitted by (Name) \_\_\_\_\_ Contact Number \_\_\_\_\_

Form should be faxed to:  
Indiana Enrollment Broker  
(317) 238-3120