



MDwise Panel Add Request

Fax Form to MDwise [317-829-5530](tel:317-829-5530) or [877-822-7190](tel:877-822-7190); or fax to your delivery system Provider Relations

**** All fields must be complete for processing** ** Please print legibly – except signatures****

Date of Request _____

Contact Name _____

Contact Telephone _____

Member Information

Hoosier Healthwise

Healthy Indiana Plan

Member Identification Number (RID) _____

Member Name _____

Social Security Number _____

Member Address _____

Member (or parent/guardian signature) _____

Date Signed _____

Provider Information

NOTICE to MEMBER: This provider may belong to more than one Managed Care Entity (MCE). Please discuss your MCE choice options with this provider before signing this form. You may also call Hoosier Healthwise at [1-800-889-9949](tel:1-800-889-9949) or the Healthy Indiana Plan at [1-877-GET-HIP9 \(1-877-438-4479\)](tel:1-877-GET-HIP9) to discuss options available for choosing your MCE.

Why do you wish to add this member to your panel? Please check only one – Reason is required.

This is an established patient or family member of an established patient whom I have treated in the past 24 months from today's date.

This is a patient whom I would like to add to my panel.

As a PMP, I agree to add the above Hoosier Healthwise/HIP member to my panel.

Physician Name (print) _____

Physician Signature _____

Physician Provider ID Number _____

Physician Group Number _____ Location Code _____

Maximus Use Only

Date Received: _____

Date Approved: _____

Date Denied: _____

Return Code/Reason: _____