

MDwise PMP Change Form

(for MDwise Hoosier Healthwise members only)

Member Hospital #: _____



If this is **NOT a MDwise member**, please have the patient call Hoosier Healthwise at **1-800-889-9949** to make the PMP change. You **CANNOT** use this form.

Your Facility / Office: _____ Office Phone: _____

Member Name: _____ / _____ Member's Phone: _____
Last First

RID Number (must be active): _____ Current PMP: _____

New PMP Information:

Name: _____ / _____
Last First

Provider Number Group Number Location Code

Reason for Request to Change PMP:

- Auto-assignment (doesn't want assigned PMP)
- Unsatisfactory Quality of Care (use "other" below to explain)
- Wrong PMP Assigned
- Location Not Convenient (30 miles / 30 minutes away)
- Member Relocated (to another city or area)
- Other: _____

Member / Legal Guardian Authorization:

X

Member or Guardian Signature _____ Date _____

Member/Guardian PRINTED Name _____ Date _____

Employee Name (PLEASE PRINT CLEARLY) _____ Date _____

FAX FORM TO: (317) 829-5530 or 1-877-822-7190

***NOTE:** MDwise members must wait for a letter from Hoosier Healthwise confirming the effective date of this PMP/Provider Change Request. Until confirmation is received, members must continue to contact the current PMP for their medical needs.

QUESTIONS: (317) 630-2831 or 1-800-356-1204