



# 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**