



Doctor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### MDwise OB-only PMPs

(List of MDwise members needing reassignment due to end of pregnancy)

Member Name	Medicaid Number	Date of Delivery or Preg. Term	Date of Post-partum Exam	HHW Pkg.	Most recent phone number for member	Alternate Doctor Choices	MDwise Use Only	MDwise Use Only
							Date letter sent to member	PMP change entered in CRM or delivery reported to the DFR

\* **NOTE:** MDwise member eligibility changes on the first of each month. Please check to be sure that the patient is in fact **still eligible** and a change has not already occurred. Package B members will always remain active for approximately 60 days after the birth.

Please fax **first** to MDwise Provider Service Representative: \_\_\_\_\_  
(Name) (Fax Number)

Provider Relations please fax to MDwise Customer Service: (317) 829-5530 or 877-822-7190