



MDwise Provider Panel Update Form

Completed forms should be submitted to
 prenrollment@mdwise.org

REQUEST:

- Update Panel Size/Phone Number
- Hold Panel
- Close Panel
- Disenroll/Re-enroll/Termination

PRODUCT LINE: (please check all that apply)

- MDwise Excel Hoosier Healthwise
- MDwise Excel Healthy Indiana Plan (HIP)

REQUEST EFFECTIVE DATE: _____ (Please allow 15 days to process)

Provider Information		
Group/Provider Name		
Group NPI:		
Provider NPI:		
Group LPI and Alpha Suffix:		
Provider LPI:		
Provider Specialty		
<input type="checkbox"/> Family Practitioner	<input type="checkbox"/> Pediatrician	<input type="checkbox"/> OB/GYN
<input type="checkbox"/> General Practice	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Nurse Practitioner
Update Information *Minimum panel: Hoosier Healthwise 150, Healthy Indiana Plan 25		
Current Panel Limit:		
Requested Panel Limit:		
Current Panel Status:	<input type="checkbox"/> Open	<input type="checkbox"/> Hold
Requested Panel Status:	<input type="checkbox"/> Open	<input type="checkbox"/> Hold
Phone Number Update:		
Disenrollment and Re-enrollment		
Disenroll from LPI and Alpha:		
Tax ID:		
Re-enroll to LPI and Alpha:		
Tax ID:		
Disenroll/Termination		
Move Members to (Provider Name):		
Provider NPI:		Group LPI and Alpha:
Reason:		
Move Members to (Provider Name):		
Provider NPI:		Group LPI and Alpha:
Reason:		

Signature: _____

Date: _____

Email: _____

Phone: _____