



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: _____