



Forms will not be processed unless all fields are completed.

MEDICAID MANAGED CARE
PRIMARY MEDICAL PROVIDER REASSIGNMENT REQUEST
ALLOW 24-72 HOURS FOR PROCESSING

Your primary medical provider (PMP) is the main person who gives you healthcare. Complete this form to change your PMP. For urgent requests, call Member Services at 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-284-1797 (Hoosier Care Connect); 833-412-4405 (Indiana PathWays for Aging); TTY 711.

Member information

Table with 2 columns and 6 rows: Member's full name, Member's date of birth, Legal guardian's name (if younger than age 18), State of residence, Medicaid ID card number, Patient phone number

PMP information

Table with 2 columns and 7 rows: Date of request (effective date of PMP change), Name of new PMP, Name of PMP staff member authorizing request (if applicable), Telephone number of new PMP, New PMP fax number, New provider ID number, New provider address

To be completed by member or guardian:

I am requesting that my PMP/my child's PMP be changed to the name listed above. Signature of patient/responsible party: _____

PMP agrees to accept above member to practice (Office staff signature, if applicable): _____

Reason for reassignment:

- Auto-assign/choice issue, Member/PMP relocation, PMP office, Unhappy with PMP, Appointment availability, Other/no reason

Please give us more detail: _____

Fax PMP requests to: 866-840-4993

anthem.com/inmedicaid

Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

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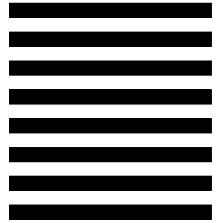


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