



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

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

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](https://www.anthem.com/inmedicaid)

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

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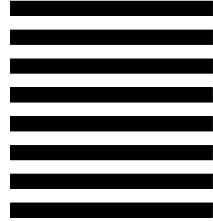


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