



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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

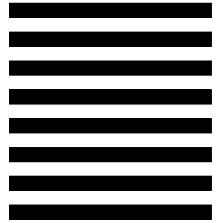


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 70 VAN NUYS CA

POSTAGE WILL BE PAID BY ADDRESSEE



ANTHEM BLUE CROSS AND BLUE SHIELD  
ATTN INDIANA CONCIERGE TEAM  
MAILSTOP IN0205 C442  
220 VIRGINIA AVE  
INDIANAPOLIS IN 46209-6227



Fold Here