

Forms will not be processed unless all fields are completed
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PRIMARY MEDICAL PHYSICIAN REASSIGNMENT REQUEST
 ALLOW 24 - 72 HOURS FOR PROCESSING

Your primary medical physician (PMP) is the main person who gives you health care. Complete this form to change your PMP. For urgent requests, Hoosier Healthwise and Healthy Indiana Plan members can call Member Services at **1-866-408-6131** and Hoosier Care Connect members can call **1-844-284-1797**.

Member Information

Member's full name	
Member's date of birth	
Legal guardian's name (if younger than age 18)	
Anthem ID card number or Social Security number	
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 patient 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Auto-assign/Choice issue | <input type="checkbox"/> Member/PMP relocation | <input type="checkbox"/> PMP office inconvenient |
| <input type="checkbox"/> Unhappy with PMP | <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Other/No reason |

Please give us more detail: _____

Fax PMP requests to: **1-866-840-4993**

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Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

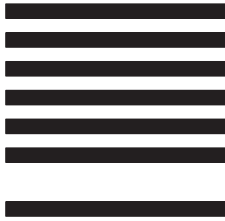
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Call for free translation/Llame para una traducción sin costo: **1-866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **1-844-284-1797** (Hoosier Care Connect); TTY **711**.



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