



MDwise Pre-Birth Selection Form

(for MDwise Hoosier Healthwise members only)

Member Hospital #

40

If this is **NOT a MDwise member**, please have the patient call Hoosier Healthwise at **1-800-889-9949** to make the Pre-Birth selection. You **CANNOT** use this form.

Your Facility/Office: _____ Office Phone: _____

Member Name: _____ / _____
Last First

Member Date of Birth: ____ / ____ / ____ Member's Phone: _____

RID Number (must be active): _____

Member's Current PMP: _____

Requested PMP (for baby) Information:

Name: _____ / _____
Last First

____ / ____ / ____
Provider Number Group Number Location Code

Baby's Due Date: ____ / ____ / ____

Member / Legal Guardian Authorization:

X

Member or Guardian Signature Date

Member/Guardian PRINTED Name Date

Employee Name (PLEASE PRINT CLEARLY) Date

****IF REQUESTED PMP PANEL IS FULL, PLEASE HAVE THAT PMP COMPLETE AND SIGN BELOW****

I agree to accept this baby as a patient after birth.

PMP Name (PRINT) PMP Signature Date

FAX PRE-BIRTH SELECTION TO: (574) 283-5940 or 1-800-214-0033

QUESTIONS: (574) 283-5939 or 1-800-634-9585