

IN.ENROL.03 Pre-birth Selection  
Attachment A  
Pre-birth PMP Selection Form



Hoosier Healthwise  
Pre-Birth Primary Medical Provider (PMP) Selection Form  
Please fax form to 866-912-1629

\*All fields must be completed.\*

Today's date: \_\_\_\_\_

Name of staff completing form: \_\_\_\_\_

MHS member's name: \_\_\_\_\_

MHS member's estimated due date: \_\_\_\_\_

MHS member's Hoosier Healthwise RID #: \_\_\_\_\_

MHS member's social security #: \_\_\_\_\_

MHS member's address: \_\_\_\_\_

Phone # where member can be reached (write "none" if no phone): \_\_\_\_\_

The full name of the selected Hoosier Healthwise PMP: \_\_\_\_\_

Selected PMP's NPI #: \_\_\_\_\_

