

Indiana primary health care professional panel add request form

Instructions: Please complete this form and fax to 317-510-7549 or email securely to in_hpops@uhc.com.

Member notification

I understand that my primary health care professional may belong to more than 1 health plan. I may select a health plan that does business with my preferred primary health care professional. I may call the UnitedHealthcare Hoosier Care Program at **800-832-4643** to discuss available options. I don't have to sign this form before I understand my options.

I confirm that I am the member and have read the statement above.

Health care professional information

Date of request:	National Provider Identifier (NPI) number:	Tax ID number (TIN):
Full name of health care professional:	Full name of requestor:	
Requestor phone number:	Requestor email address:	
Health care professional location (address):		
Physician group number:	Location code:	

Reason for panel add request

I have an established relationship with the family member of a patient who has been treated in this office within the past 2 years.

This is a patient who I would like added to my current panel.

Signature of requesting health care professional:

Member information

Full name of member:	Date of birth:	
Medicaid ID number:	Phone number:	
Address:		
City:	State:	ZIP code:
Member signature:	Date signed:	

Internal use only

Approved Denied

Date received:	Decision:	Return code/reason:
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