

## Full panel and hold panel add request form

Fax completed form to **1-877-652-1236** or **317-287-2285**. You must complete all fields for Anthem Blue Cross and Blue Shield to process your request. Please print legibly and provide all signatures where applicable.

\_\_\_\_\_  
Date requested

\_\_\_\_\_  
Provider contact name (please print)

\_\_\_\_\_  
Provider contact phone

### Member information

\_\_\_\_\_  
Member name

\_\_\_\_\_  
Recipient Identification (RID)

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
Member (or parent/guardian) signature

\_\_\_\_\_  
Date

### Provider information

- As a primary medical provider (PMP), I agree to add the above member to my **FULL** panel.  
 As a PMP, I agree to add the above member to my **HOLD** panel.

Why do you wish to add this member to your **HOLD** panel?  
(Reason and a page of accompanying documentation are required.)

- This is an established patient I have treated in the past 24 months from today's date.  
 This is a family member of an already established patient that I have treated within the last 24 months from today's date.  
 I am the patient's PMP in the primary insurance plan for this member.

As a PMP, I agree to add the above member to:

- Hoosier Healthwise**       **Healthy Indiana Plan**       **Hoosier Care Connect**

\_\_\_\_\_  
Physician name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
NPI number

\_\_\_\_\_  
Fax number

### Internal Use Only

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Date denied

\_\_\_\_\_  
Return code/reason

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