

**Provider request for member deletion from primary medical provider assignment**

Please fax your completed request form to **1-866-408-7087**.

A primary medical provider (PMP) may request disenrollment of a member from his or her primary care assignment if the member demonstrates serious noncompliance or disruptive behavior. Please follow all policies for member transfers and disenrollment as stated in the Provider Operations manual. Anthem Blue Cross and Blue Shield will perform an upper-level review to determine if the request will be approved.

**Date:** \_\_\_\_\_

**Provider information**

PMP name: \_\_\_\_\_ PMP phone number: \_\_\_\_\_

National Provider Identifier (NPI) number: \_\_\_\_\_

**Member information**

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

Recipient Identification (RID) number: \_\_\_\_\_

Member date of birth: \_\_\_\_\_ Member phone number: \_\_\_\_\_

Patient has:  Hoosier Healthwise Package A  Hoosier Healthwise Package C  
 Healthy Indiana Plan (HIP)  Hoosier Care Connect

**Reason for request**

Excessive missed appointments (more than three unreasonable misses)  
What were the dates and circumstances?

\_\_\_\_\_  
\_\_\_\_\_

Unreasonable demands for referrals combined with documented threatening, abusive or hostile behavior

Have you ever seen this member?  Yes  No

What are the specific circumstances?

\_\_\_\_\_  
\_\_\_\_\_

Abusive or disruptive behavior

Unsatisfactory doctor/patient relationship (please explain below)

Other (please explain below)

What are the specific circumstances?

\_\_\_\_\_  
\_\_\_\_\_

Add additional comments here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_