



Employer or Other Payer Contribution Form

Employers, Non-profit organizations or others payers may help a Healthy Indiana Plan (HIP) member with some or all of their monthly POWER Account contribution. Complete this form to assist with payment. Please contact MHS Member Services at 1-877-647-4848 with questions.

Employee (HIP member) Information

Name: _____

Member RID / HIP ID #: _____

Member Email Address: _____

Mailing Address: _____

Name of Employer or Other Payer: _____

Monthly POWER Account Contribution Amount: _____

Employer or Other Payer Information

Company Name: _____

Address: _____

City _____ State _____ ZIP _____

Contact Name: _____

Contact Phone: _____

Identification Number (EIN): _____

Contribution Amount: _____

Payment Frequency (one time, monthly, or annually) _____

Payment Type (Check, Credit, EFT, etc): _____

Please mail this form to:

Managed Health Services

Mailstop 14273659

PO Box 660160

Dallas, TX 75266-0160

**Please make sure to include the member's HIP identification number on any payments submitted to ensure they are applied to the appropriate account.*



550 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-647-4848 • mhsindiana.com
Members with speech or hearing disabilities call 1-800-743-3333 for TTY/TDD.

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MHS is your choice for better healthcare. You or someone in your family is an MHS member and that is why we send you information. MHS handles your medical insurance through your enrollment with Hoosier Healthwise, the Healthy Indiana Plan or Hoosier Care Connect. If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services Monday through Friday from 8 a.m. to 8 p.m. at 1-877-647-4848. Learn more at mhsindiana.com.