

Certification of Preventive Services Received - Healthy Indiana Plan (HIP)

Member ID: Me	Member Full Name:				
Member Preferred Phone #:	Type: 🗆 Mol	oile □ Home	□ Work	□ Other	
All HIP members must obtain one or more quantities note that some services are based on the me conditions. A medical provider must enter the	mber's age, gender a	nd disease/histo	ory specific		
Service Received	Date of Service	Procedure C	ode Billed	k	
Common codes for qualifying preventive serv	ices include, but are r	ot limited to:			
Annual Physical: G0438, G0439, 99385, 9938 Annual Eye Exam: 92002, 92004, 92012, 920 Annual Dental Exam: D0120, D0150, D0160, D1110 Mammogram: 77055-77057	014 88167 Cholesterol Te Blood Glucose	Pap Smear: 88141-88149, 88150-88154, 88164-88167 Cholesterol Testing: 82465, 80061 Blood Glucose Screen: 82947, 82950, 82951 Tetanus-Diphtheria Screen: 86774			
For a comprehensive list of qualifying prevent please visit mhsindiana.com, For Providers, a Resources menu.		•			
Your signature and date on this statement cer appropriate preventive service.	rtifies that the above n	nember has obt	ained an		
Practitioner Name: N	ame of Practice:				
Office Phone #:	_ Practitioner NPI #:	actitioner NPI #:			
Signature:	Date of Submission:				

Please fax the completed form to MHS at 1-877-725-7750.



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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.