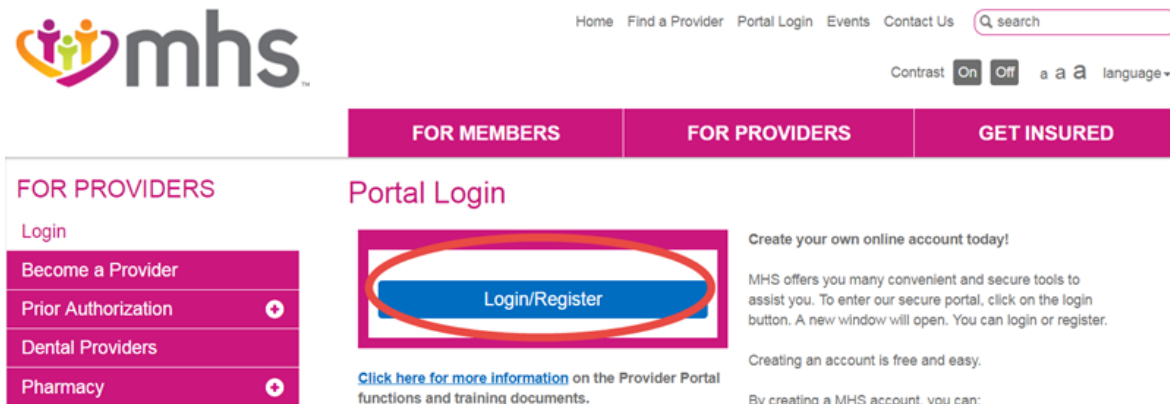


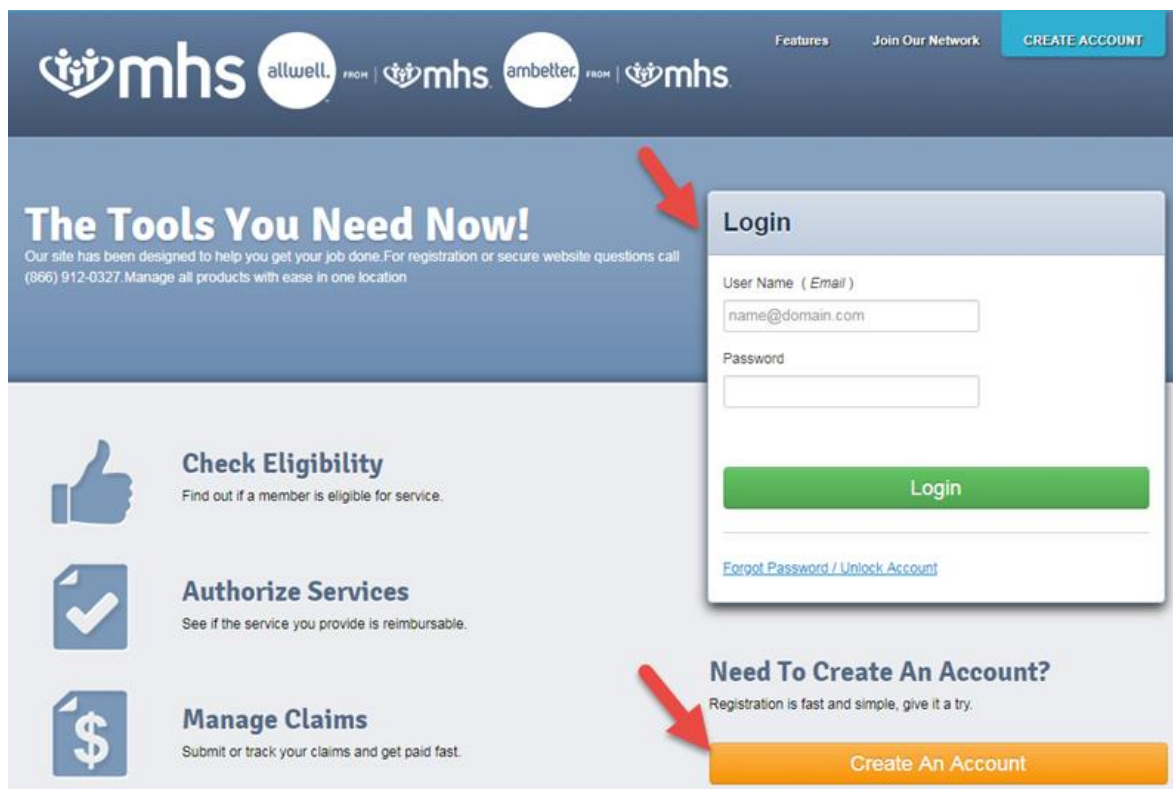
Provider Portal Member Management Forms

1. Go to mhsindiana.com and click **For Providers** then **Login**
2. Click **Login/Register**



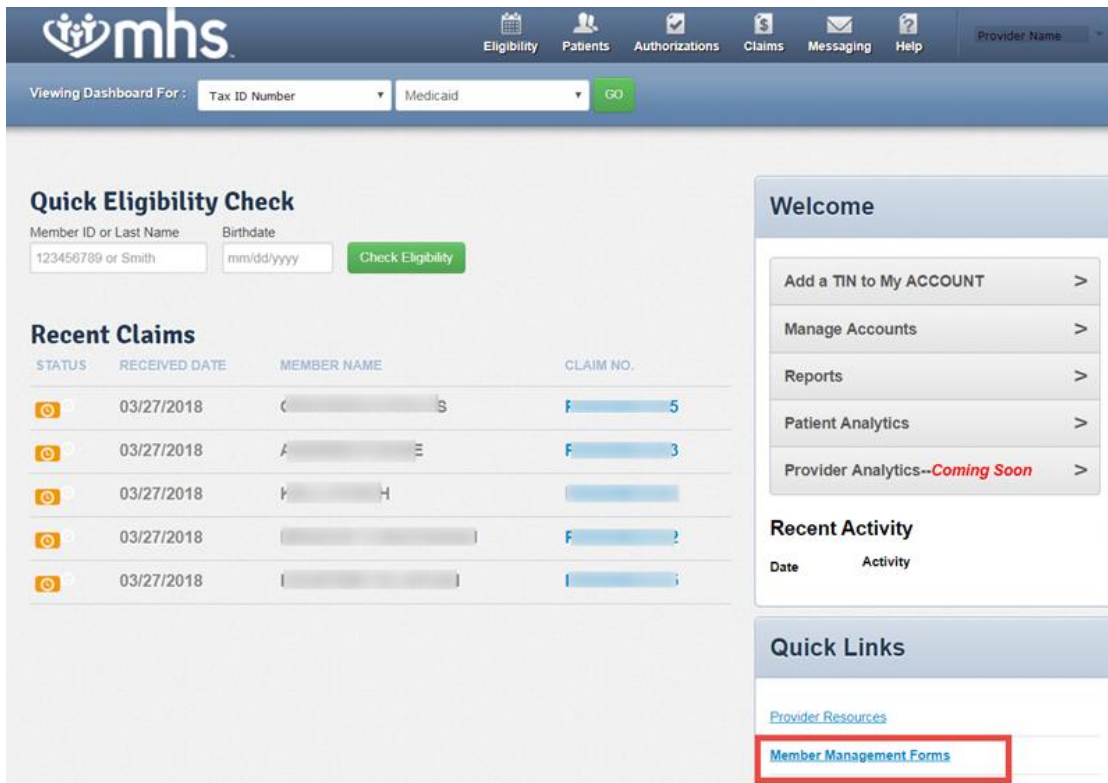
The screenshot shows the top navigation bar with the mhs logo, a search bar, and links for Home, Find a Provider, Portal Login, Events, and Contact Us. Below the navigation bar are three tabs: FOR MEMBERS, FOR PROVIDERS (selected), and GET INSURED. The 'FOR PROVIDERS' section contains a 'Portal Login' heading and a 'Login' button circled in red. To the right of the button, there is text: 'Create your own online account today!', 'MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login button. A new window will open. You can login or register.', 'Creating an account is free and easy.', and 'By creating a MHS account, you can:'.

3. Use credentials to **Login** or **Create An Account**

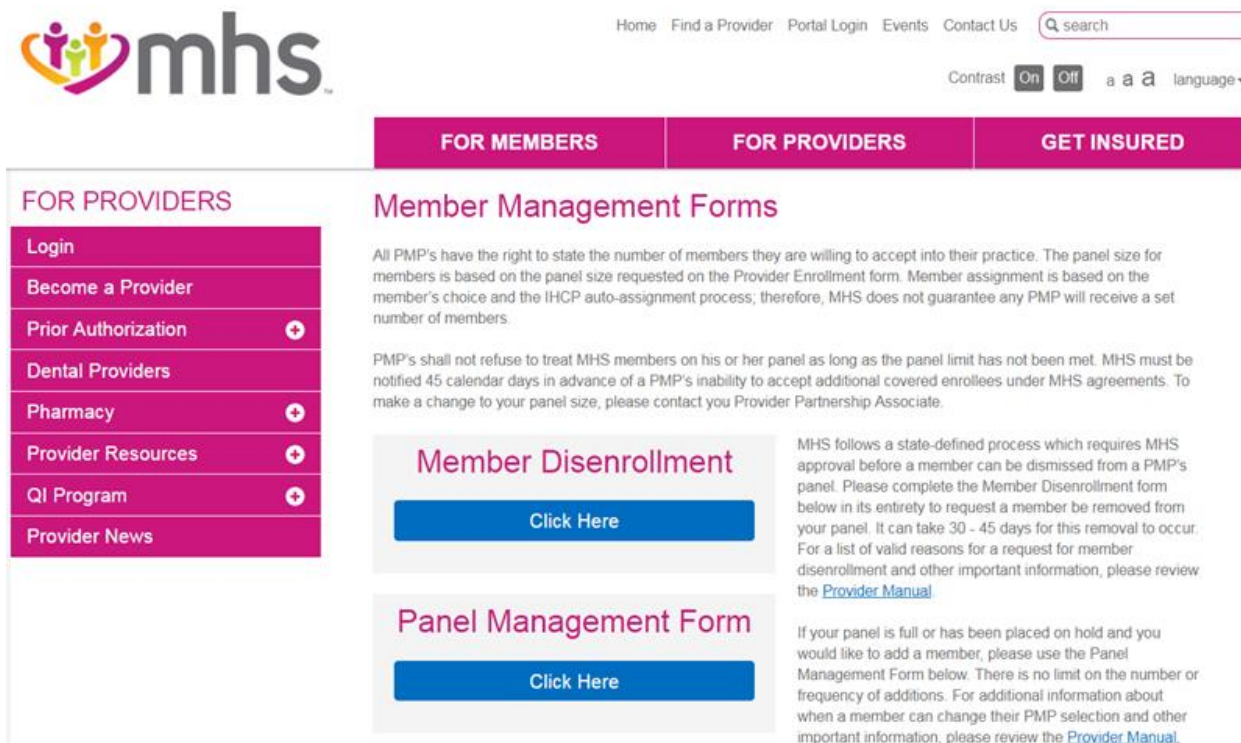


The screenshot shows the 'The Tools You Need Now!' section of the mhs website. It features a 'Login' form with fields for 'User Name (Email)' (containing 'name@domain.com') and 'Password', and a green 'Login' button. Below the form is a link for 'Forgot Password / Unlock Account'. To the right of the form is a 'Need To Create An Account?' section with a yellow 'Create An Account' button. Red arrows point to the 'Login' button and the 'Create An Account' button. On the left side, there are three service icons: 'Check Eligibility' (thumbs up), 'Authorize Services' (checkmark), and 'Manage Claims' (dollar sign).

4. On the Provider Homepage, click on **Member Management Forms**



5. A page will pop up and you can click on **Panel Management Form**



Once on the **Panel Management Form**, fill out all required fields and click **Submit**

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

- Login
- Become a Provider
- Prior Authorization +
- Dental Providers
- Pharmacy +
- Provider Resources +
- QI Program +
- Provider News

Panel Management Form

Date of Request *

Contact's First Name *

Contact's Last Name *

Contact's Phone Number *

Contact's Fax Number

Contact's Email Address *

Member Information

Member First Name *

Member Last Name *

Member ID Number (RID) *

Member Address

Provider Information

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.

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

- Hoosier Healthwise (H-HW)
- Healthy Indiana Plan (HIP)
- Hoosier Care Connect (HCC)
- Ambetter from MHS

Physician's First Name *

Physician Last Name *

Physician Provider ID Number (NPI) *

Date *

Submit