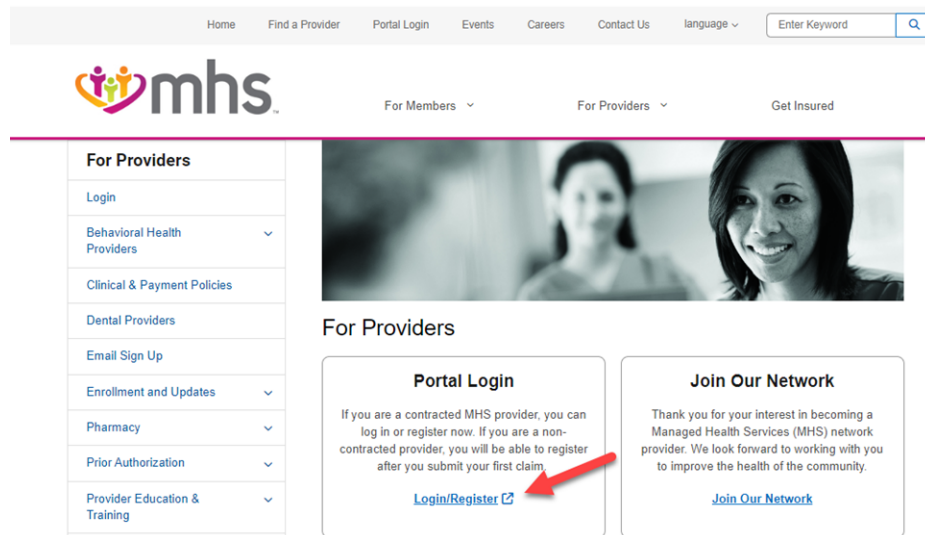


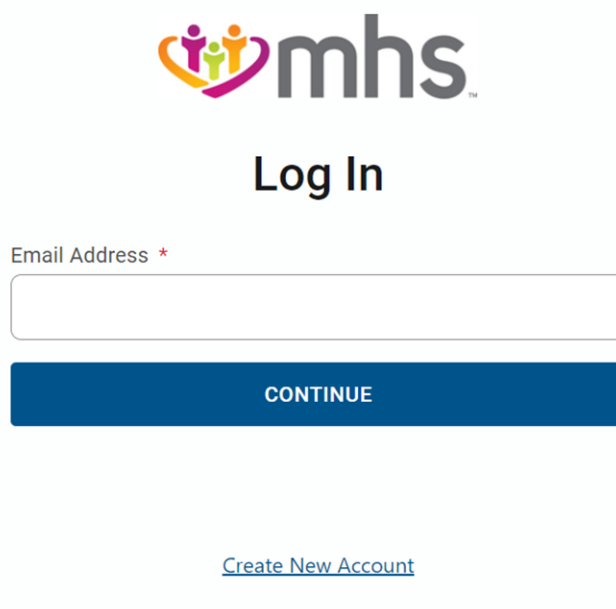
Provider Portal Member Management Forms

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



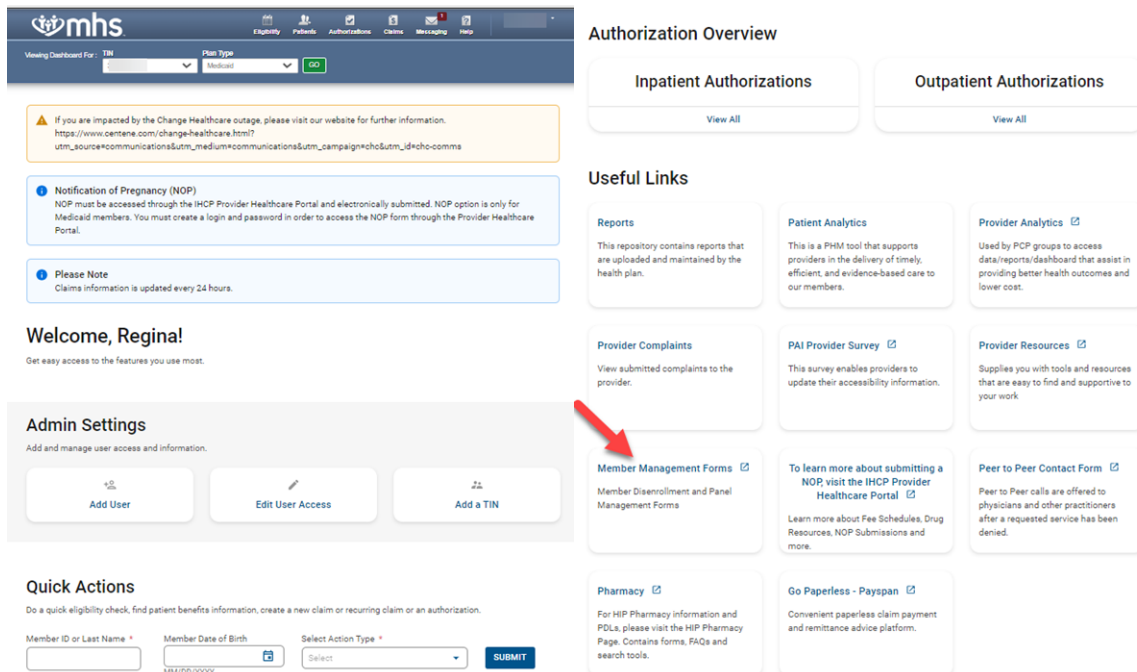
The screenshot shows the mhs website header with navigation links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a language dropdown. A search bar is also present. Below the header, the 'For Providers' section is active, displaying a 'Portal Login' box with a 'Login/Register' link highlighted by a red arrow. To the right is a 'Join Our Network' box. A sidebar on the left lists various provider resources like Behavioral Health Providers, Clinical & Payment Policies, and Dental Providers.

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

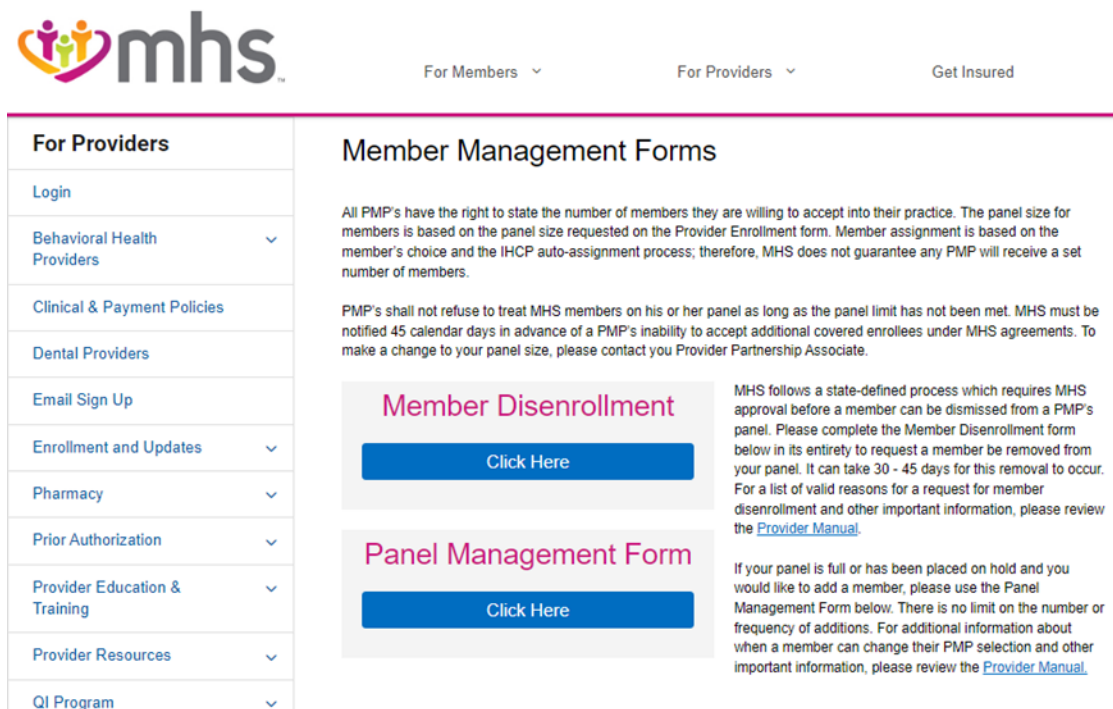


The screenshot shows the mhs 'Log In' page. It features the mhs logo at the top, followed by the text 'Log In'. Below this is a form with an 'Email Address' label and a red asterisk, a text input field, and a blue 'CONTINUE' button. At the bottom, there is a link that says 'Create New Account'.


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



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



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



[For Members](#)
[For Providers](#)
[Get Insured](#)

For Providers

[Login](#)
[Behavioral Health Providers](#)
[Clinical & Payment Policies](#)
[Dental Providers](#)
[Email Sign Up](#)
[Enrollment and Updates](#)
[Pharmacy](#)
[Prior Authorization](#)
[Provider Education & Training](#)
[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 (HHW)
☐ 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