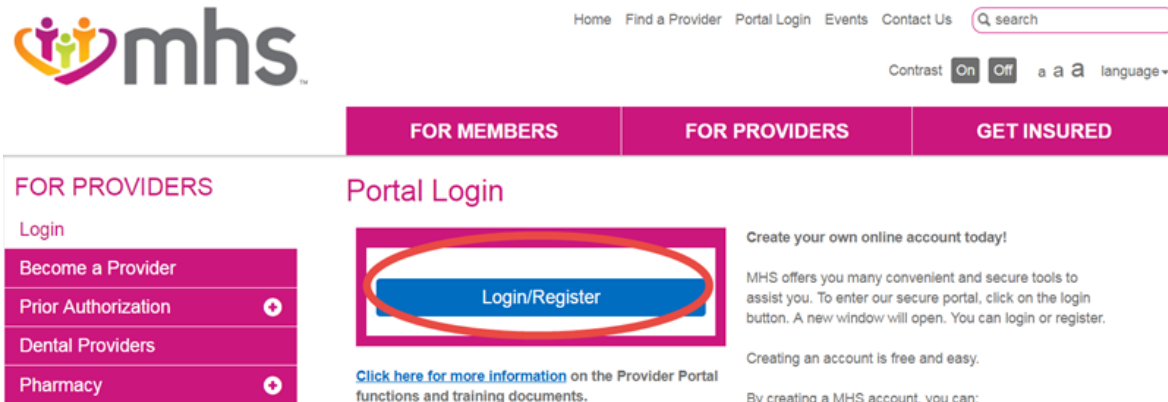


## Provider Portal Member Management Forms

1. Go to [mhsindiana.com](http://mhsindiana.com) and click **For Providers** then **Login**
2. Click **Login/Register**



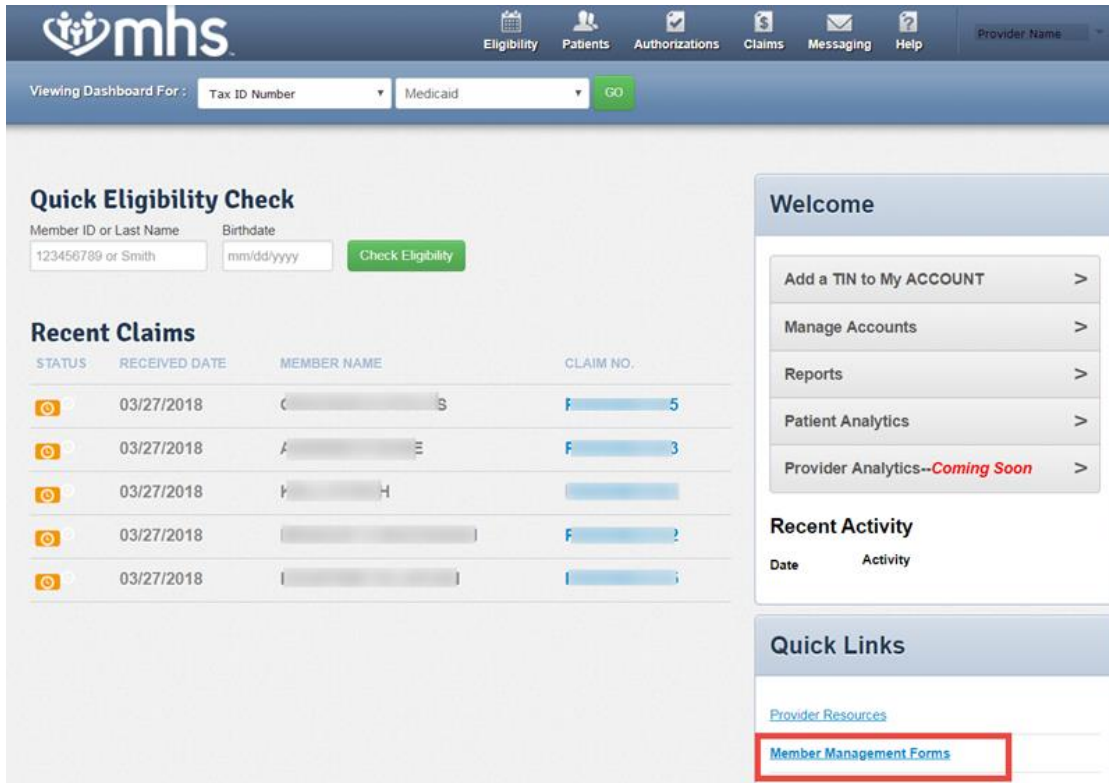
The screenshot shows the top navigation bar of the mhs website. It includes the mhs logo, a search bar, and links for Home, Find a Provider, Portal Login, Events, and Contact Us. Below the navigation bar are three main menu items: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is expanded, showing a 'Portal Login' heading and a 'Login' button circled in red. A sidebar on the left lists 'Become a Provider', 'Prior Authorization', 'Dental Providers', and 'Pharmacy'. Text on the right encourages creating an account and provides information about the secure portal.

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

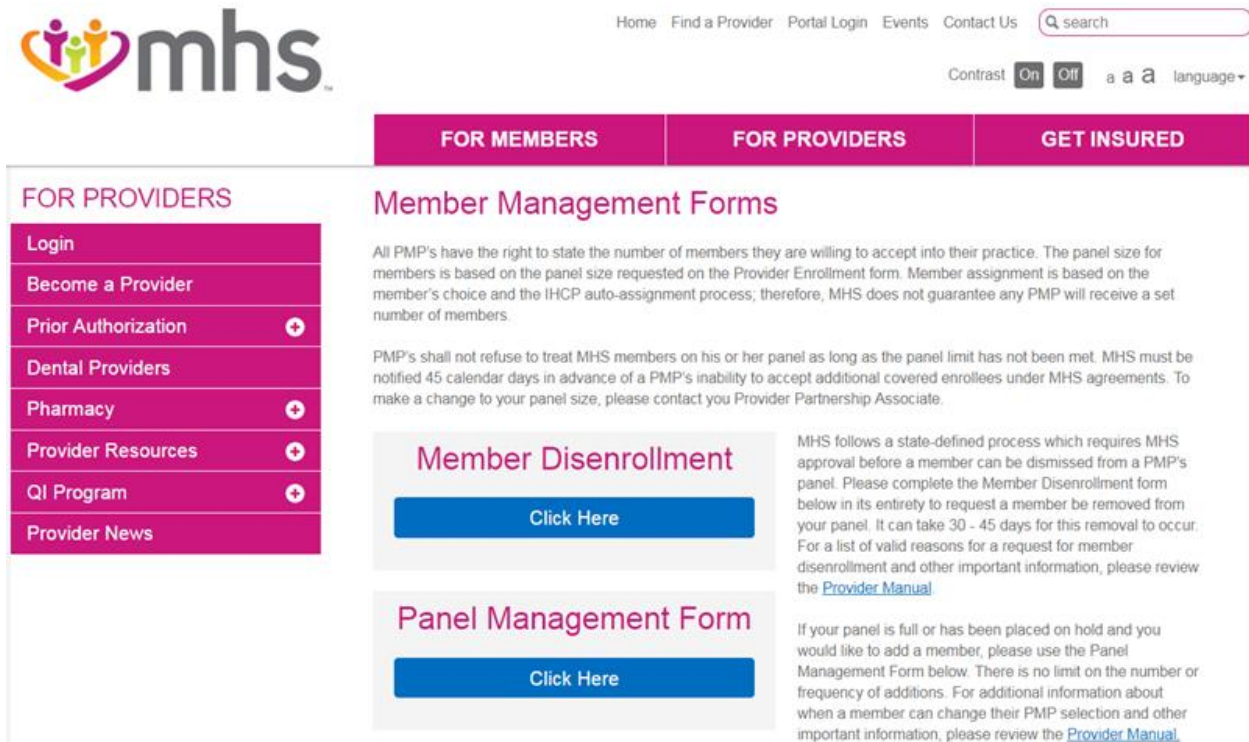


The screenshot displays the main content area of the mhs website. At the top, there are logos for mhs, allwell, and ambetter. A 'CREATE ACCOUNT' button is visible in the top right. The main heading is 'The Tools You Need Now!' with a sub-heading 'Our site has been designed to help you get your job done. For registration or secure website questions call (866) 912-0327. Manage all products with ease in one location'. Below this are three service icons: 'Check Eligibility', 'Authorize Services', and 'Manage Claims'. A 'Login' form is overlaid on the right, featuring fields for 'User Name (Email)' (containing 'name@domain.com') and 'Password', a green 'Login' button, and a link for 'Forgot Password / Unlock Account'. A 'Need To Create An Account?' section is at the bottom right, with a red arrow pointing to an orange 'Create An Account' button.

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