



# ADVANTAGE Hold Panel Add Request



**Fax Form to ADVANTAGE Care Select: 317-587-8411**

**\*\* All fields must be complete for processing\*\* \*\* Please print legibly – except signatures\*\***

Date of Request \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

## Member Information

Care Select ID Number \_\_\_\_\_

Member Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Member Address \_\_\_\_\_

\_\_\_\_\_

Member (or parent/guardian signature) \_\_\_\_\_

Date Signed \_\_\_\_\_

## Provider Information

**Why do you wish to add this member to your panel? Please check only one – Reason is required.**

- This is an established patient I have treated in the past 24 months from today's date. *(One page of documentation required)*
- This is a family member of an already established patient that I have treated within the past 24 months from today's date. *(One page of documentation required)*
- I am the patient's Primary Physician in the primary insurance plan for this member. *(One page of documentation required)*

**As a PMP, I agree to add the above Care Select member to my panel that is on hold.**

Physician Name (print) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Provider ID Number \_\_\_\_\_

<b>MAXIMUS Use Only</b>
Date Received _____
Date Approved _____
Date Denied _____
Return Code/Reason _____