Provider Contract Request Form

Thank you for your interest in becoming a **Molina Healthcare of Washington, Inc.,** provider! Please complete this form and return it along with a W-9 to: MHWProviderContracting@MolinaHealthcare.com for network participation consideration. *Completing this form is not a guarantee of network participation.*

PROVIDER TYPE (check all that apply)

☐ Individual	☐ Single Specialty Group	☐ Multi-Specialty Group	
Specialty(ies):			
☐ Ambulatory Surgery Center	☐ Urgent Care	☐ Hospital	☐ Skilled Nursing Facility
☐ Home Health	☐ DME	☐ Laboratory	☐ FQHC
☐ RHC	☐ Tribal	☐ Behavioral Health	☐ Autism Services
☐ SUD	☐ MAT	☐ Gender Dysphoria	☐ Eating Disorder
Other:		Facility Based:	☐ Yes ☐ No

GROUP ADMINISTRATOR CONTACT INFORMATION

Name:	Phone:
Email:	
☐ Employee of the Group	☐ Consultant / 3rd Party Professional*
*If you are a Consultant / 3rd Party Professional, are you authorized to sign? ☐ Yes ☐ No	
Signatory Name:	Signatory Title:

GROUP INFORMATION

Legal Name:	
DBA Name:	
☐ DBA name is billing name (Box 33 on HCFA / CMS1500)	☐ DBA name is service location name (Box 32 on HFCA / CMS1500)
TIN:	Group / Billing NPI**:
Primary Service Location: *(Please include roster of additional service locations.)*	
Phone:	Fax:
Billing / Remit Address:	
Official Correspondence Address: ☐ Official Correspondence Address matches mailing address.	

PRACTITIONER ROSTER

(Complete if applicable; please attach separate sheet for additional practitioners.)

Last Name: _____ First Name: _____

Specialty: _____ Title (MD, DO, etc.) _____

NPI: _____ Age Limits (If yes, please specify): _____

Gender Restrictions ☐ Yes ☐ No (If yes, please specify): _____ **Complete OB Care:** ☐ Yes ☐ No

Family Planning: ☐ Yes ☐ No **PCP** ☐ Yes ☐ No **Accepting New Patients** ☐ Yes ☐ No

Our standard practice is to load providers to our online directory. Please check this box if you would like to be excluded for Medicaid. ☐

According to WAC 284-170-260, all contracted providers will be displayed in the directory for Molina Marketplace.

Are all practitioners employed by the group and billing under the group TIN identified above? ☐ Yes ☐ No

If NO, please be advised that a separate agreement may be required for non-employed practitioners.

**Please note: All billing and rendering NPIs MUST be registered with the Washington State Health Care Authority (HCA) prior to credentialing/contracting. All providers must be credentialed AND contracted to be considered in-network participating providers.