



Provider Change Form Requirements & Guidelines

REQUIREMENTS

In order to process your change request and to identify the requestor, the following fields are required to be complete:

1. Type 1 (Individual) NPI
2. Type 2 (Group) NPI
3. Provider Name
4. Group Name
5. Tax Identification Number (TIN/Tax-ID)
6. Contact Person
7. Contact Person's phone number
8. Requested effective date of change
9. Authorizing Signature and Printed Name

The Provider Change Form will be returned to you for completion, if submitted without these required elements

The following types of changes require the submission of the W-9 form (*tax form which certifies an individual's tax identification number*)

1. Billing Address Change
2. Tax ID Change
3. Group Name Change
4. Change of Ownership

GUIDELINES

- Your request will be applied to all participating lines of business
- Please allow up to 60 days to complete the processing of your request
- If you are requesting to add *Coverage* for your office, please submit a letter signed by both providers (the provider being covered and the provider rendering the coverage)
- If you are submitting a *Change of Ownership* request, the Molina Healthcare Contracting department will be contacting you to obtain a new contract
- If you are submitting a request to *change a physician's name*, please submit a copy of a marriage license, divorce decree, etc. as supporting documentation
- If your office has a *Tax ID change*, please submit the change to Molina Healthcare as soon as it is available to ensure timely and accurate processing as a delay in notification may interrupt claims reimbursement

NOTIFICATION

Mail : Molina Healthcare of Michigan
Attn: Systems Configuration Dept
100 West Big Beaver; Ste 600
Troy, MI 48084

E-mail: MHMProviderChangeForm@molinahealthcare.com
Fax: (248)925-1757

QUESTIONS

Should you have any questions, please feel free to contact 888-898-7969 option 1 for further information