Attachment B
Capacity Attestation - Primary Care Provider

MCP Name:	Molina Healthcare of Ohio, Inc.	Subcontractor/Pvdr Name:	
Signature:		Signature:	
Printed Name:	Dan Okonak	Printed Name:	
Title:	Director, Provider Contracts	Title:	
Date:		Date:	

Last	First	MI	Deg	Spec	Group	Address	City	State	Zip	County	CFC Cap	ABD Cap

"Capacity" represents the maximum number of the MCP's Medicaid members the primary care provider (PCP) agrees to serve. Each PCP's name must be listed. PCPs individually or as part of a group, must serve a minimum of 50 of the MCP's Medicaid members at each practice site in order to be listed in MCPs provider directory. If multiple pages are used, the pages must be numbered sequentially on every page (e.g., 1 of 3, 2 of 3, and 3 of 3) and the last page must be signed by the provider and the MCP.