



Guide to Provider Forms

If you need to....	You will need to complete and send....
Add a new provider to a group	Provider Information Update Form Attachment B and/or C CAQH Form / CAQH hard copy application form
Change a Service Location or add an address	Provider Information Update Form Attachment B and/or C, listing each provider that the change applies to.
Change a Service Location and Pay To Address	Provider Information Update Form Attachment B and/or C
Change the Pay To Address	Provider Information Update Form
Add a New Group to the same Tax Identification Number (TIN)	Provider Information Update Form Attachment B and/or C
Change Group Name and (TIN)	Provider Information Update Form W-9 Attachment B and/or C for all providers with new name on the attachments
Terminate a provider from the group	A termination letter on a company letterhead, including the effective date and all addresses that apply. Sixty (60) day advance notice required.
Forms:	Form Usage:
Attachment B	This form is used for Primary Care Providers (PCPs) who want membership assigned to them.
Attachment C	This form is used for Specialists and PCPs (IM, PED, GP, FP) who are practicing as specialists.
Provider Information Update Form (PIF)	This form is used to update participating provider information to Molina.
W-9	This document is issued by the United States Internal Revenue Service (IRS). Molina uses it to update the TIN Owner Name, DBA Name, and Tax ID when received with a PIF.



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Credentialing Information:	
Individual Practitioner	
I have a CAQH number	Complete the Provider Information Update Form.
I do not have a CAQH number	If you do not have a CAQH number Molina Healthcare, Inc. can request one for you. Fill out the CAQH form (1 page) and check “No, I don’t have a CAQH Number.”
I do not want to register with CAQH	You will need to print, complete and mail a CAQH Provider Application located under Universal Provider Datasource at http://www.caqh.org . Once this document is complete, mail it to: Molina Healthcare of Ohio, Inc. Attention: PIM PO Box 349020 Columbus, Ohio 43234-9020
Facilities	
I am a facility, including Hospitals, Ambulatory Surgical Centers, Home Health Agencies, DME Suppliers, SNFs, and Urgent Care Centers	Print, complete and mail a Ohio Department of Insurance Standard Credentialing (HDO) form located under Quicklinks at http://www.insurance.ohio.gov . Once this document is complete, mail it to: Molina Healthcare of Ohio, Inc. Attention: PIM PO Box 349020 Columbus, Ohio 43234-9020
Contact Information	
I have additional questions	Contact Molina Provider Services at 1-800-357-0146, 7:00 a.m. - 7:00 p.m., Monday through Friday.