



Provider Information Form

Section 1: Provider Information						
Provider's Name:			Group Association Name (If Applicable):			
Practice Location:			Practitioner Type/Specialty:			
Practice Location 2:			Tax Identification Number (W-9 needed if change):			
Phone Number:		Fax Number:		Email Address:		
National Provider Identifier:	CA License Number:	CA License Type:		Board Certification (If Applicable):		
Section 2: Languages Spoken						
List non-English languages spoken by provider and/or staff in order of fluency						
Language 1: <input type="checkbox"/> Provider <input type="checkbox"/> Staff		Language 2: <input type="checkbox"/> Provider <input type="checkbox"/> Staff		Language 3: <input type="checkbox"/> Provider <input type="checkbox"/> Staff		
Section 3: Network Participation						
Medi-Cal		Covered CA/Marketplace		Medicare		Cal Medi-Connect
Participates: <input type="checkbox"/> Yes <input type="checkbox"/> No		Participates: <input type="checkbox"/> Yes <input type="checkbox"/> No		Participates: <input type="checkbox"/> Yes <input type="checkbox"/> No		Participates: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepting New Members: <input type="checkbox"/> Yes <input type="checkbox"/> No		Accepting New Members: <input type="checkbox"/> Yes <input type="checkbox"/> No		Accepting New Members: <input type="checkbox"/> Yes <input type="checkbox"/> No		Accepting New Members: <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5: Office Hours						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
Section 6: Hospital Affiliation						
Hospital 1:						
Hospital 2:						
Hospital 3:						
Authorized Signature:						
Person Authorized to make change (Print Name):					Title:	
Physician office staff is aware of physician's participation in the Molina Healthcare network: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Signature:					Date	

Please fax to your regional Providers Services office at:

- Los Angeles: (855) 278-0312 ■ San Diego: (858) 503-1210 ■ Riverside/San Bernardino: (909) 890-4401
- Sacramento: (916) 561-8559 ■ Imperial: (760) 679-5705