



# Molina Healthcare of Illinois, Inc.

## CAQH Practitioner Credentialing Data Form

If you **already participate** in CAQH: Please complete the below form and submit it (or any questions) using the contact information below. Please ensure your attestation is up to date and you have given Molina Healthcare authorization in CAQH to view your application.

If you **would like to participate** in CAQH: Please complete the below form and submit it (or any questions) using the contact information below. Molina will submit your information to CAQH. You may access the CAQH website at <https://caqh.org>. CAQH will send your login information to you.

**Email:** [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com)

**Fax:** (844) 488-7054

**Note:** Using the CAQH Universal Credentialing Data Source does not constitute applying for participation with any health care organization. Filling in this data form does not constitute applying for participation with Molina Healthcare. Contact your Molina Provider Network Manager directly regarding contracting. Please make sure that your CAQH information is current and complete.

### PRACTITIONER INFORMATION:

Status with CAQH: <input type="checkbox"/> I am participating <input type="checkbox"/> I would like to participate <input type="checkbox"/> I do not want to participate		CAQH ID Number (if already participating): <div></div>			
Last Name:		First Name:		Middle Initial:	
Provider Type (MD, PT, etc.):		Date of Birth:		NPI: <div></div>	
Primary Specialty:		Category: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied/Ancillary			
		Medicaid ID: <div></div>		Medicare ID: <div></div>	
Additional Specialties:					

### PRIMARY PRACTICE INFORMATION (to be contracted with Molina Healthcare):

Group Name:			Group TIN: <div></div>				
			Group NPI: <div></div>				
Physical Street Address:				Suite/Floor:			
City:		State:		County:		ZIP:	
Phone:		Fax:		Email:			

### ALTERNATE PRACTICE INFORMATION (to be contracted with Molina Healthcare):

List Group Names & TINs:
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### CREDENTIALING CONTACT INFORMATION:

Contact Name:	Phone:	Email:
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