Contract Request Form (CRF)

(please print legibly)

Note to Provider: **To ensure** the proper contract and credentialing packet is generated, please complete this contract request form and return along with a current W-9 to fax number: 877-900-5655 Attn: Contracting Team or email form to: texasexpansioncontracting@molinahealthcare.com.

Requestor Name: ______________________________

Email: ______________________________

*Provider Name: ______________________________

*Group Name: ______________________________

*Specialty: ______________________________

*Tax ID: ______________________________

**Physical Address: ______________________________

*(**Note: Physical Address where members are to be seen)*

*Mailing Address: ______________________________

City, State, Zip: ______________________________

*City, State, Zip: ______________________________

*Office Phone: ______________________________

*Group Phone: ______________________________

*Office Fax:______________________________

*Group Fax: ______________________________

*Ind TPI: ______________________________

(if TPI number is not attested- we are unable to contract for Medicaid)

*Group TPI: ______________________________

(if TPI number is not attested - we are unable to contract for Medicaid)

*Ind NPI: ______________________________

(if NPI number is not attested- we are unable to contract for Medicaid)

*Group NPI: ______________________________

(if no valid NPI number - we are unable to contract for Medicaid)

*Ind Medicare: ______________________________

(if no valid Medicare number - we are unable to contract for Medicare)

*Group Medicare: ______________________________

(if no valid Medicare number - we are unable to contract for Medicare)

Mail contract packet to (if different from above): ______________________________

Date requested: ______________________________ *(please allow 7-10 business days for packet to be mailed out)*

For Office Use Only	
Rep Name:	Rep Comments:
THSteps TPI:	Date Mailed out:
Grp. THSteps:	Notes:
Current Status: **Cactus** Credentialed: Y N Delegated: Y N **QNXT** Loaded: Y N PAR: Y N **MPF** Verified: Y N Specialty:____________ **PC Tracker** Loaded: Y N **Packet Type** PSA HDO *(circle one)*	
Verified by:	Date: