MOLINA

Provider Information Data Sheet

Group/Legal Name	
Due Date	
Return to	

Please fill this form out in its entirety per provider. Please put "N/A" if not applicable.

Section 1: Provider Information

Group Name/ Facility Name/ Legal Name:		
Last Name:	First Name:	Middle Initial:
Provider Gender: ☐ Male ☐ Female	Provider's Ethnicity:	Provider's NPI #
CAQH #	State License #	Highest Degree
All Specialties:		
Billing/Mailing Address:	Billing Phone: Billing Fax:	
Billing ID / TIN#	Billing NPI #	
Email Address for Service Location:	Public Email Address:	
Provider Website URL:		
Primary Servicing Address: (if different from Billing) *If more than one office, please attach roster of all locations (address, phone, fax and which providers go to which locations)*	Office Phone: Office Fax:	
Office Hours: **Monday:** From _____ To _____ **Tuesday:** From _____ To _____ **Wednesday:** From _____ To _____ **Thursday:** From _____ To _____ **Friday:** From _____ To _____ **Saturday:** From _____ To _____ **Sunday:** From _____ To _____ Specific Hours: *If any*		
Provider's Language(s) Spoken:	Clinical Staff Language(s) Spoken:	Office Staff Language(s) spoken:
Exclusive Telehealth Provider? ☐ Yes ☐ No	''Physical' AND Telehealth Provider? ☐ Yes ☐ No	
Accepting New Patients-Physical? ☐ Yes ☐ No	Accepting New Patients-Telehealth? ☐ Yes ☐ No	
Age Restriction ☐ Yes From:____ To:____ ☐ No	Gender Restriction ☐ Yes _____ ☐ No	
FQHC Certified ☐ Yes ☐ No	Community Clinics ☐ Yes ☐ No	

Section 2: For Provider's with Hospital Affiliations

Hospital Name 1:	Hospital Admitting Privilege (s) 1 ☐ Admitting ☐ Consulting ☐ Provisional ☐ Teaching Hosp
Hospital Name 2:	Hospital Admitting Privilege (s) 2 ☐ Admitting ☐ Consulting ☐ Provisional ☐ Teaching Hosp
Hospital Name 3:	Hospital Admitting Privilege (s) 3 ☐ Admitting ☐ Consulting ☐ Provisional ☐ Teaching Hosp
Hospital Name 3:	Hospital Admitting Privilege (s) 3 ☐ Admitting ☐ Consulting ☐ Provisional ☐ Teaching Hosp

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Section 3a: For Behavioral Health Providers Only

1	Individual/Group Mental Health Evaluation and Treatment (Psychotherapy)?	☐ Yes ☐ No	16	Trauma and Stressor-Related Disorders?	☐ Yes ☐ No
2	Psychological Testing when Clinically Indicated to Evaluate a Mental Health Condition?	☐ Yes ☐ No	17	Dissociative Disorders?	☐ Yes ☐ No
3	Comprehensive Diagnostic Evaluation for ASD (ADOS, ADI)?	☐ Yes ☐ No	18	Sexual Dysfunctions?	☐ Yes ☐ No
4	Psychiatric Consultation for Medication Management?	☐ Yes ☐ No	19	Gender Dysphoria?	☐ Yes ☐ No
5	Screening and Brief Intervention (SBI)?	☐ Yes ☐ No	20	Feeding and Eating Disorders?	☐ Yes ☐ No
6	Neurodevelopmental Disorders?	☐ Yes ☐ No	21	Elimination Disorders?	☐ Yes ☐ No
7	ABA Behavioral Health Therapy	☐ Yes ☐ No	22	Sleep-Wake Disorders?	☐ Yes ☐ No
8	Neurocognitive Disorders?	☐ Yes ☐ No	23	Disruptive, Impulse-Control, and Conduct Disorders?	☐ Yes ☐ No
9	Substance-Related and Addictive Disorders?	☐ Yes ☐ No	24	Personality Disorders?	☐ Yes ☐ No
10	Schizophrenia Spectrum and Other Psychotic Disorders?	☐ Yes ☐ No	25	Paraphilic Disorders?	☐ Yes ☐ No
11	Bipolar and Related Disorders?	☐ Yes ☐ No	26	Mental Disorders Due to a General Medical Condition Not Elsewhere Categorized?	☐ Yes ☐ No
12	Depressive Disorders?	☐ Yes ☐ No	27	Bariatric Counseling Services?	☐ Yes ☐ No
13	Anxiety Disorders?	☐ Yes ☐ No	28	Other Areas of Expertise:	
14	Obsessive-Compulsive and Related Disorders?	☐ Yes ☐ No	29	Please list billing codes used most often:	
15	Somatic Symptom and Related Disorders?	☐ Yes ☐ No			

Section 3b: For Behavioral Health Therapy Providers Only
Experience with the following behaviors/intervention areas:

1	Non-compliance	☐ Yes ☐ No	10	Self-Help Skills	☐ Yes ☐ No
2	Physical Aggression	☐ Yes ☐ No	11	Self-Direction	☐ Yes ☐ No
3	Verbal Aggression	☐ Yes ☐ No	12	Social Skills	☐ Yes ☐ No
4	Outbursts	☐ Yes ☐ No	13	Hygiene	☐ Yes ☐ No
5	Property Destruction	☐ Yes ☐ No	14	Toilet Training	☐ Yes ☐ No
6	Self-Injury	☐ Yes ☐ No	15	Independent Living Skills	☐ Yes ☐ No
7	Elopement	☐ Yes ☐ No	16	Safety Awareness	☐ Yes ☐ No
8	Stereotypic behavior	☐ Yes ☐ No	17	Food Selectivity	☐ Yes ☐ No
9	Functional Communication	☐ Yes ☐ No	18	Other:	☐ Yes ☐ No