Provider Contract Request Form

Molina Healthcare of Illinois, Inc.

MOLINA HEALTHCARE

Thank you for your interest in becoming a Molina Healthcare of Illinois provider. To ensure proper contracting and credentialing, please complete this Contract Request Form and return it along with a current W-9 to MHILProviderNetworkManagement@MolinaHealthcare.com or call **(855) 866-5462** for assistance.

Please do not use this form if you are adding providers to a participating group or PHO/PO. Instead, update your IAMHP Roster and send to MHILProviderNetworkManagement@MolinaHealthcare.com.

PLEASE SELECT PROVIDER TYPE					
☐ Individual	☐ Medical Group	☐ ASC	☐ Urgent Care	☐ FQHC	☐ RHC
☐ Behavioral Health	☐ Home Health	☐ DME	☐ Other:		

LINE(S) OF BUSINESS				
☐ Medicaid	☐ FIDE D-SNP	☐ Marketplace	☐ Medicare (MAPD)	

CONTACT INFORMATION	
Requestor Name: _____	Requestor Phone: _____
Requestor Email: _____	Requestor Fax: _____

GROUP/FACILITY INFORMATION	
Legal Entity Name: _____	
DBA Name (if applicable): _____	
Service Address (If additional locations, please attach roster): _____ City, State, ZIP: _____ County: _____ Office Phone: _____ Office Fax: _____ Office Email: _____	Mailing Address (Contract will be emailed): _____ City, State, ZIP: _____ County: _____ Contact Phone: _____ Contact Fax: _____ Contact Email: _____
Signatory Name: _____ Signatory Title: _____ Signatory Email: _____	Payment Address (If different): _____ City, State, ZIP: _____ Contact Phone: _____

GROUP/FACILITY IDENTIFICATION	
Group Specialty/Facility Type:	
Group Taxonomy Code:	Tax ID (TIN):
* Group Billing NPI(s): (* List all Group NPIs applicable to the corresponding Tax ID.)	
** Illinois Medicaid ID Number: (** Providers must meet credentialing requirements via the Illinois IMPACT system. Get the process started at **illinois.gov.**)	
Hospital Affiliation(s):	

If your request is approved, you will be contacted by a Molina Contract Manager within 30 days. If you have any questions regarding completion of this form, email the Provider Relations team at MHILProviderNetworkManagement@MolinaHealthcare.com.
Please note that completion of the above information is not confirmation of your participation status with Molina Healthcare of Illinois. Final contractual status is based upon your ability to meet credentialing standards and any additional contractual obligations.

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