



Provider Contract Request Form

Thank you for your interest in becoming a Passport Health Plan by Molina Healthcare 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 contracting@passporthealthplan.com or fax to **(502) 585-6060**.

If you are adding providers to a participating group or PHO/PO, please submit a Provider Information Update Form to ProviderRelations@passporthealthplan.com.

PLEASE SELECT PROVIDER TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Medical Group	<input type="checkbox"/> ASC	<input type="checkbox"/> Urgent Care	<input type="checkbox"/> FQHC	<input type="checkbox"/> RHC
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> DME	<input type="checkbox"/> Other		

LINE OF BUSINESS

<input type="checkbox"/> Medicaid	<input type="checkbox"/> D-SNP	<input type="checkbox"/> Marketplace			
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CONTACT INFORMATION

Requestor Name: _____	Requestor Phone: _____
Requestor Email: _____	Requestor Fax: _____

PROVIDER INFORMATION

Legal Entity Name: _____	
Business/Service Address: _____ <i>(If additional locations please attach roster)</i>	Mailing address: _____ <i>(Contract will be emailed)</i>
City, State, Zip: _____	City, State, and Zip: _____
Office Phone: _____	Contact Phone: _____
Office Fax: _____	Contact Fax: _____
Office Email: _____	Contact Email: _____

PROVIDER IDENTIFICATION

Group Specialty: _____	Tax ID (TIN): _____
Group Billing NPI(s): _____ <i>* List all Group NPI(s) applicable to the corresponding Tax ID</i>	
** Kentucky Medicaid ID Number: _____ <i>(A Medicaid ID is required. If you do not have a group/individual Medicaid ID issued from DMS, we will not be able to proceed with a group/individual agreement.)</i>	
Hospital Affiliation(s): _____	

Once the completed form is submitted, please allow 3-5 business days for a contract packet to be emailed to the contact email you provided above. The contract packet will allow you an opportunity to provide us with additional details about your practice/ services to ensure proper contracting and enrollment setup. Application status requests can be emailed to contracting@passporthealthplan.com