Passport By Molina Healthcare

Well Child Provider Sweepstakes Entry Form

Practice Name:

Entry Date:

TIN:

Location:

Primary contact name:

Phone number for primary contact:

Email address*:

- ☐ By participating in this Sweepstakes, Entrants each agree to be fully and unconditionally bound by the terms and conditions of the Official Rules and represent and warrant that they meet the eligibility requirements, are in compliance with the entry requirements in all regards and agree to accept the decisions of the Sponsor in its sole discretion as final and binding as it pertains to this Sweepstakes.

Please submit this survey by <insert ending date of Sweepstakes for Measurement Year>.

Click here <insert link to the Official Rules for Passport by Molina Healthcare Well Child Provider Sweepstakes> to view the Official Rules

For any additional questions, please email: Passportquality@MolinaHealthCare.Com

*Email address required to notify winners.