Molina Healthcare of Nebraska, Inc.
Provider Information Form

Provider Contract Entity Information

Contract Entity Name	
Tax Identification Number	
IPA Name (if Applicable)	
Group/Practice Name (If Different from Contract Entity Name)	
Group/Practice NPI Number	
DBA Name (if Applicable)	
Credentialing Contact Name	
Credentialing Contact Phone Number	
Credentialing Contact E-Mail Address	

Provider Service Location(s)

(If there are additional service locations, please copy this page and complete this section for each.)

Practice Name if Different from Contract Entity Name	
Practice Address	
Bldg. / Suite Number	
City	
State	
ZIP Code	
County	
Service Location Email	
Service Location Phone Number	
Service Location Fax Number	

Office Hours (Please note if by appointment only)	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**

Access for the Physically Challenged Available?	
24 Hour Access?	

Provider Service Location(s) 'Pay To' Information

Pay To Name (if Different from above)	
Address or P.O. Box	
Suite Number	
City	
State	
ZIP Code	
Phone Number	
Fax Number	
Email Address	

Individual Provider Information
(Please copy this page and complete for each provider affiliated with group/practice.)

Provider Name (Last, First, Middle)	
Individual NPI Number	
Medicaid Number	
Medicare Number	
Provider Gender	
Provider Birthdate	
Professional Degree	
Provider CAQH Number	
Languages Spoken	
Primary Specialty/Primary Taxonomy	
Secondary Specialty/Secondary Taxonomy	
Tertiary Specialty/Tertiary Taxonomy	
Accepting New Patients (Y / N) **+ How many Molina Members would you like assigned to you? (PCP's only)**	
Age Range of Patients Seen **(Minimum Age/Maximum Age)**	
Gender Restrictions (Male / Female / None)	
Are you a PCP (Y / N)?	
Provider Directory Listing (Y/N)	
Telehealth Services (Y / N)	
Cultural Training Completed (Y / N)	
EPSDT Services Provided (Y / N)	
License Number	