



3.

Practice Name	Address including Bldg, Suite #
City, State, Zip	County
Practice Phone	Practice Fax

Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From – To							

**In Order for Providers to be Affiliated with Practice, these items must be included:**

- o CAQH ID - current Attestation, current practice listed, authorize Molina access
- o Must have active SCDHHS Medicaid ID
- o An incomplete package will delay or term the credentialing process

**If the PCP box is checked, Provider will be credentialed, listed in Molina Directory and assigned members.**

1.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Degree \_\_\_\_\_ CAQH ID and DOB (mm/dd/yyyy) \_\_\_\_\_

Primary Specialty \_\_\_\_\_ Individual NPI \_\_\_\_\_ Medicaid ID # \_\_\_\_\_

Provider Practice Locations (Check all that apply):    1    2    3    Medicare ID # \_\_\_\_\_

Do you intend to serve as a primary care provider?  Y  N    Effective Date: \_\_\_\_\_

Do you intend to serve as a specialist?  Y  N

Do you intend to show, and be searchable in Molina's online directory for members?     Y  N

Do you solely see members in the inpatient setting, i.e., do NOT take appointments in office?     Y  N

Accepts New Patients?  Y  N    Current Molina Members?  Y  N

Other Member Enrollment Limitations? \_\_\_\_\_

Supervising MD (for Mid-level) Name: \_\_\_\_\_

Supervising NPI: \_\_\_\_\_

*If more space is needed to capture information, please print a copy of this roster and submit the copy with your Agreement for submission. Thank you!*

2. \_\_\_\_\_  
 Last Name First Name Degree CAQH ID and DOB (mm/dd/yyyy)

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Primary Specialty Individual NPI Medicaid ID # \_\_\_\_\_

Provider Practice Locations (Check all that apply): 1 2 3 Medicare ID # \_\_\_\_\_

Do you intend to serve as a primary care provider?  Y  N Effective Date: \_\_\_\_\_

Do you intend to serve as a specialist?  Y  N

Do you intend to show, and be searchable in Molina's online directory for members?  Y  N

Do you solely see members in the inpatient setting, i.e., do NOT take appointments in office?  Y  N

Accepts New Patients?  Y  N Current Molina Members?  Y  N

Other Member Enrollment Limitations? \_\_\_\_\_

Supervising MD (for Mid-level) Name: \_\_\_\_\_

Supervising NPI: \_\_\_\_\_

3. \_\_\_\_\_  
 Last Name First Name Degree CAQH ID and DOB (mm/dd/yyyy)

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Primary Specialty Individual NPI Medicaid ID # \_\_\_\_\_

Provider Practice Locations (Check all that apply): 1 2 3 Medicare ID # \_\_\_\_\_

Do you intend to serve as a primary care provider?  Y  N Effective Date: \_\_\_\_\_

Do you intend to serve as a specialist?  Y  N

Do you intend to show, and be searchable in Molina's online directory for members?  Y  N

Do you solely see members in the inpatient setting, i.e., do NOT take appointments in office?  Y  N

Accepts New Patients?  Y  N Current Molina Members?  Y  N

Other Member Enrollment Limitations? \_\_\_\_\_

Supervising MD (for Mid-level) Name: \_\_\_\_\_

Supervising NPI: \_\_\_\_\_

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4. \_\_\_\_\_  
 Last Name First Name Degree CAQH ID and DOB (mm/dd/yyyy)

\_\_\_\_\_  
 Primary Specialty Individual NPI Medicaid ID # \_\_\_\_\_

Provider Practice Locations (Check all that apply): 1 2 3 Medicare ID # \_\_\_\_\_

Do you intend to serve as a primary care provider?  Y  N Effective Date: \_\_\_\_\_

Do you intend to serve as a specialist?  Y  N

Do you intend to show, and be searchable in Molina's online directory for members?  Y  N

Do you solely see members in the inpatient setting, i.e., do NOT take appointments in office?  Y  N

Accepts New Patients?  Y  N Current Molina Members?  Y  N

Other Member Enrollment Limitations? \_\_\_\_\_

Supervising MD (for Mid-level) Name: \_\_\_\_\_

Supervising NPI: \_\_\_\_\_

5. \_\_\_\_\_  
 Last Name First Name Degree CAQH ID and DOB (mm/dd/yyyy)

\_\_\_\_\_  
 Primary Specialty Individual NPI Medicaid ID # \_\_\_\_\_

Provider Practice Locations (Check all that apply): 1 2 3 Medicare ID # \_\_\_\_\_

Do you intend to serve as a primary care provider?  Y  N Effective Date: \_\_\_\_\_

Do you intend to serve as a specialist?  Y  N

Do you intend to show, and be searchable in Molina's online directory for members?  Y  N

Do you solely see members in the inpatient setting, i.e., do NOT take appointments in office?  Y  N

Accepts New Patients?  Y  N Current Molina Members?  Y  N

Other Member Enrollment Limitations? \_\_\_\_\_

Supervising MD (for Mid-level) Name: \_\_\_\_\_

Supervising NPI: \_\_\_\_\_

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6. \_\_\_\_\_  
 Last Name First Name Degree CAQH ID and DOB (mm/dd/yyyy)

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Primary Specialty Individual NPI Medicaid ID # \_\_\_\_\_

Provider Practice Locations (Check all that apply): 1 2 3 Medicare ID # \_\_\_\_\_

Do you intend to serve as a primary care provider?  Y  N Effective Date: \_\_\_\_\_

Do you intend to serve as a specialist?  Y  N

Do you intend to show, and be searchable in Molina's online directory for members?  Y  N

Do you solely see members in the inpatient setting, i.e., do NOT take appointments in office?  Y  N

Accepts New Patients?  Y  N Current Molina Members?  Y  N

Other Member Enrollment Limitations? \_\_\_\_\_

Supervising MD (for Mid-level) Name: \_\_\_\_\_

Supervising NPI: \_\_\_\_\_

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