Contract Request Form (CRF)

Thank you for your interest in becoming a Molina Healthcare of South Carolina Provider. To ensure the proper contract and credentialing packet is generated, please complete this contract request form and return via email to: **SCProviderContract@MolinaHealthCare.com**

If you would like to add provider(s) to an existing contract, please email our Provider Relations Department at: SCProvider.Services@MolinaHealthCare.com

PLEASE SELECT PROVIDER TYPE					
☐ Individual	☐ Group	☐ Ancillary	☐ Hospital	☐ RBHS	☐ Babynet
☐ DME	☐ CLTC	☐ IDTF	☐ Urgent Care	☐ Other:	

LINES OF BUSINESS			
☐ Medicaid	☐ DSNP	☐ Marketplace	☐ All Lines of Business

CONTACT INFORMATION	
Contract Signer's Name: _____	Contract Signer's Title: _____
Contract Signer's Email: _____	Contract Signer's Phone: _____

PROVIDER INFORMATION	
Legal Entity Name: _____	
Physical Address: _____ *(If additional locations please attach roster)*	Mailing address: _____ *(Contract will be emailed)*
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 & Individual NPI(s): _____	
SC Medicaid ID (both Provider/ Group): _____ *(If Medicaid is selected under LOB, a Medicaid ID is required, if you do not have a group/individual Medicaid ID issued, we will not be able to proceed with a group/individual agreement.)*	
Medicare ID Number (both Provider/ Group): _____ *(If DSNP is selected under LOB, a Medicare **and** a Medicaid ID is required. If you do not have a group/individual Medicare & Medicaid ID issued, we will not be able to proceed with a group/individual agreement.)*	
Hospital Location of Admitting Privileges: _____	

Please complete this form in its entirety to be considered for participation. Once the completed form is submitted, please allow up to 14 business days for contract packet to be emailed to the address provided above. Molina will review and assess network adequacy upon receipt of your CRF form. Not every contract request will be granted.