Provider Contract Request Form

Molina Healthcare of Washington, Inc.

Thank you for your interest in becoming a **Molina Healthcare of Washington, Inc.,** provider! Please complete this form and return it along with a W-9 to: MHWProviderContracting@MolinaHealthcare.com for network participation consideration. *Completing this form is not a guarantee of network participation.*

PROVIDER TYPE (check all that apply)

☐ Individual	☐ Single Specialty Group		☐ Multi-Specialty Group
Specialty(ies):			
☐ Ambulatory Surgery Center	☐ Urgent Care	☐ Hospital	☐ Skilled Nursing Facility
☐ Home Health	☐ DME		☐ Laboratory
☐ FQHC	☐ RHC		☐ Tribal
☐ Behavioral Health ☐ Autism Services	☐ SUD / ☐ MAT	☐ Gender Dysphoria	☐ Eating Disorder
Other:		Facility Based: ☐ Yes ☐ No	

GROUP ADMINISTRATOR CONTACT INFORMATION

Name:	Phone:
Email:	
☐ Employee of the Group	☐ Consultant / 3rd Party Professional

GROUP INFORMATION

Legal Name:	
DBA Name:	
☐ DBA name is billing name (Box 33 on HCFA / CMS1500)	☐ DBA name is service location name (Box 32 on HFCA / CMS1500)
TIN:	Group/Billing NPI*:
Primary Service Location: *(Please include roster of additional service locations.)*	
Phone:	Fax:
Billing/Remit Address:	

PRACTITIONER ROSTER (Complete if applicable, please attach separate sheet for additional practitioners.)

Last Name: ______________________ First Name: ______________________________

Specialty: _____________________________ Title (MD, DO, etc.) __________________________

NPI: ______________________ Age Limits (If yes, please specify): ____________________________

Gender Restrictions ☐ Yes ☐ No (If yes, please specify):____________ **Complete OB Care:** ☐ Yes ☐ No

Family Planning: ☐ Yes ☐ No **PCP** ☐ Yes ☐ No **Accepting New Patients** ☐ Yes ☐ No

Are all practitioners employed by the group and billing under the group TIN identified above? ☐ Yes ☐ No

If NO, please be advised that a separate agreement may be required for non-employed practitioners.

*Please note: All billing and rendering NPIs MUST be registered with the Washington State Health Care Authority (HCA) prior to credentialing/contracting. All providers must be credentialed AND contracted to be considered in-network participating providers.