



Supplier Profile Form

1099 Legal Name:			
Business Name, if different from above:			
Physical Address:	City:	State:	Zip Code:
Remittance Address:	City:	State:	Zip Code:
Federal Tax ID:			
Payment Terms:	State of Incorporation:		
Primary Account Contact Name:			
Phone:	Fax:		
E-Mail:	Website:		
Commodity Line / Services:			

Business Type:

- | | |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Limited Liability Corporation (Select LLC Type) |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Other: Click here to enter text. |

1099 Delivery: Electronic Form (Provide Preferred Email):
 Paper Form (Provide Remittance Address If Different From Above):

Address: City: State: Zip Code:

Preferred Payment Method: Check ACH

ACH Information

Name on Bank Account:	
Bank Name:	
Acct Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	Routing Transit No. (9-digits):
E-Mail (*Required for ACH payment notification*):	



By filling the ACH Information and submitting this form to Molina Healthcare Inc., I, named as below, authorize payment of invoice(s) via ACH to the business account provided above.

Name:

Title:

Signature:

Date:

Vendor Questionnaire

Please complete the following information, as applicable.

Please indicate if you are a New Vendor or Provider joining Molina Healthcare or an Existing/Prior Vendor or Provider:

- New Vendor or Provider Existing/Prior Vendor or Provider

If you are an Existing/Prior Vendor or Provider, please describe what updates you are making to your account:

- Payment Method (ACH/Banking Information)
 Mailing/Remittance Address
 Federal Tax ID
 Business Name/1099 Legal Name
 Business Type (Corporation, Sole Proprietor, Partnership, etc.)
 Email Address
 Payment Terms (Net 30, Net 10, DUE, etc.)

Please indicate if you are a Third-Party Service Provider (“TPSP”):

- Yes No

A “TPSP” is any contractor, consultant or vendor who is not an affiliate of Molina, providing services that involve access to Molina Nonpublic Information (“NPI”). NPI is any Molina business-related information by which the tampering or breach would have a material adverse impact to Molina, PHI; and nonpublic PII.

Please indicate if you have any of the following Diverse Certifications (check all that may apply):

- MBE – Minority Business Enterprise
 WBE – Woman Business Enterprise
 PBE – Persons with Disability Business Enterprise
 DVBE – Disabled Veterans Business Enterprise
 LGBTE – Lesbian, Gay, Bisexual, Transgender Business Enterprise



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Please describe the service/products being offered:

Signatory

- 1) Contract Signatory information:
 - a. Signatory Name:
 - b. Signatory Title:
 - c. Signatory Email:

Compliance/Privacy

- 2) Will you have access, store, create, or transmit Molina member PHI, PII, or other nonpublic information (*NPI) for or on behalf of Molina (please explain)?

*NPI is any Molina business-related information by which the tampering or breach would have material adverse impact to Molina, PHI, and nonpublic PII.

 - a. What type of PHI/PII/ePHI will be handled (e.g. Member SSN/DOB/Emails)?
 - b. What is the volume of PHI/PII/ePHI data that will be handled (limited number or entire membership)?
 - c. Where will the data be stored?
- 3) Will any exchange of data be required and transferred? If so, how will it be transferred?
- 4) Are you or any subcontractors located outside the U.S., performing the services outside the U.S., or housing our data outside the U.S.?
 - a. Is there an onshore option available?



IT Security

- 5) Do services/product require a network connection to the Molina environment?
- 6) If service/product includes software, what type of software is this (perpetual, SaaS, subscription, etc.)?
 - a. Where will the software sit (i.e. on prem data center, vendor dc, hosted, Molina Azure, AWS, etc.)?
- 7) Is there any associated hardware involved?