***February 7, 2014***

Dear Specialist Provider:

Please know that Molina Healthcare-Michigan is interested in partnering with you as a consultant. We have several positions available to serve on our Independent Medical Consultant Panel.

**We provide at least one (1) notice of each case.**

**In order to review the case you will need to sit in on the conference call for the appeal.**

**Typically the conference call takes no more than one (1) hour.**

**You will receive $175.00 for the review of each case.**

**Please indicate: ☐Yes, I am interested ☐No, I am not interested**

If you are interested in partnering with us as a consultant, please complete the information indicated below for consideration.

|  |  |
| --- | --- |
| Name: |  |
| Specialty: |  |
| Board Certified: Y/N | If yes, expiration date: |
| Street Address: |  |
| City, Zip Code: |  |
| County: |  |
| Contact Phone #: |  |
| Alternate Phone #: |  |
| Fax #: |  |
| Email Address: |  |
| Additional Information or Comments: |  |
| Molina Healthcare Credentialed: | Yes No |

We request that information be returned by Friday, February 21, 2014. Please return via fax to 877-708-2112.

For more information regarding this opportunity, please contact your Molina Healthcare Provider Services at 866-449-6828 ext. 155822.

Thank you,

Molina Healthcare of Michigan