



## Provider Change Form Requirements and Guidelines

### REQUIREMENTS

In order to process your change and to identify the requestor, the following fields are required to be complete:

1. - Type 1 (Individual) NPI
2. - Type 2 (Group) NPI
3. - Provider Name
4. - Group Name
5. - Tax Identification Number (TIN)
6. - Contact Person
7. - Contact Person's phone number
8. - Requested effective date of change
9. - Authorizing signature and printed name

***Note: The Provider Change Form will be returned to you for completion, if submitted without these required elements.***

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The following types of changes require submission of the W-9 form (Tax form which certifies an individual's tax identification number – TIN).

1. - Billing address change
2. - Tax ID change
3. - Group name change
4. - Change of ownership

### GUIDELINES

1. - Requests will be applied to all participating lines of business.
2. - Allow up to 30 days to complete the processing of your request.
3. - Requests for a "Change of Ownership" may require a new contract; please contact our Provider Contracting Department at [MHMProviderContractingMailbox@MolinaHealthCare.Com](mailto:MHMProviderContractingMailbox@MolinaHealthCare.Com)
4. - Requests to "Change a physician name", require that you submit a copy of a marriage license, divorce decree, etc... as supporting documentation.
5. - Requests to change a "Tax ID" require that you submit your request as soon as the new tax identification number is available, to ensure timely and accurate processing of your claims.

**Note: A delay in notification may interrupt claims reimbursement.**

### NOTIFICATION

**Mail:** Molina Healthcare of Michigan  
Attn: Provider Network Administration  
880 West Long Lake Rd., Suite 600  
Troy, MI 48098

**E-Mail:** [MHMContractConfigDept@MolinaHealthCare.Com](mailto:MHMContractConfigDept@MolinaHealthCare.Com)  
**Fax:** (248) 925-1727

If you have any questions, please contact Molina Healthcare's Provider Call Center at 855-322-4077