



Open Panel Form

Please open our member panels with Molina Healthcare for the following providers:

Provider First Name	Provider Last Name	Medicaid ID Number	NPI	Specialty	Address	City, State, Zip

Group Name	TIN	Address	City, State, Zip

Please fax or mail the completed form to:

Mailing Address:

Molina Healthcare of Ohio
Attn: Provider Services
P.O. Box 349020
Columbus, Ohio 43234-9020

Fax: (888) 296-7851

Name of individual completing this form: _____

Signature of individual completing this form: _____

Phone Number: _____

Date: ____/____/____

If you have any questions or concerns, please visit our website at www.MolinaHealthcare.com or call the Provider Services Department at (855) 322-4079 Monday through Friday from 8 a.m. to 6 p.m. for Molina Dual Options MyCare Ohio or 8 a.m. to 5 p.m. for all other lines of business.