



Contract Request Form (CRF)

(Please print legibly.)

Thank you for your interest in becoming a Molina Healthcare Provider. To ensure the proper contract and credentialing packet is generated, please complete this contract request form and return along with a current W-9 to fax number: 877-900-5655 Attn: Contracting Team or email form to: mhtcontractrequest@molinahealthcare.com

Please Select Provider Type

Individual Group Ancillary Hospital SNF LTAC Urgent Care/ER
 Nursing Facility Assisted Living Facility _____ LTSS (specify type)
 Home Modification DME PT/OT/SP CORF/ORF Other (please specify) _____

Check Here if Adding Provider to Existing Group (Please submit current group roster with request)

Requestor Name: _____ Requestor Phone: _____
(Authorized Representative) (Authorized Representative)

Requestor Email: _____ Requestor Fax: _____

Provider Name: _____ Group Name: _____

Primary Care Provider designation

Business/Service Address: _____
(If additional locations please attach roster)

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

Office Email: _____

Web Address: _____

Mailing Address: _____
(Contract will be emailed unless indicated here where to send)

City, State, and Zip: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Billing Address: _____
(Please indicate if the Billing Address is the same as the Service or Mailing Address)

City, State, Zip: _____

Additional Provider/Group Information

Specialty: _____ Taxonomy: _____

Tax ID: _____ Bill Type: CMS1500 UB04 Both

Ind. NPI/API: _____ Group NPI/API: _____

Ind. TPI: _____ Group TPI: _____



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Ind. Medicare*: _____
*(*note: required for contracting)*

Group Medicare*: _____
*(*note: cannot create group contract if no group Medicare)*

Ind. CAQH: _____
(if applicable)

DADS Contract #: _____
(if applicable)

Date requested: _____

***Once completed form is submitted, please allow 3-5 business days for contract packet to be mailed.
Included in the contract package will be an opportunity to provide us with more details about your office.***