7050 S Union Park Center #200
Midvale, UT 84047
(888) 483-0760

# Application for New Provider

Complete and return via FAX (801) 316-9554 or email to MHUProviderContracting@MolinaHealthCare.Com

| | | | |
|---|---|---|---|
| Practitioner's complete name | | Gender | |
| Practitioner's PRIMARY specialty | | Date of Birth | |
| Other specialties (secondary) if applicable | | Language(s) | |

Number of mid-levels in your office

| Mid-level name | Mid-level title |
|---|---|
| | |
| | |

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|---|---|---|---|
| Primary Care of Specialist? | | | |
| Unique services provided by practitioner | | | |
| Is Practitioner Hospital or Clinic based? | | | |
| Practitioner's title | | | |
| Practitioner's NPI# | | | |
| Practitioner's Medicaid ID# | | | |
| Group's name | | | |
| Group's NPI# | | Group's TIN# | |
| Group's Medicaid ID# | | | |
| Billing address | | | |
| Billing phone and FAX | | | |
| Practice location name | | | |
| Practice location address | | | |
| Practice location phone and FAX | | | |
| License# | | Medicare ID | |
| DEA# | | | |
| CAQH# (or attach credentialing application) | | | |
| Hospital affiliations | | | |
| Contact name | | | |
| Contact email | | | |
| Contact phone | | | |

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|---|---|
| Board certified? If not, when will the intent be? | |
| When did the provider start working in this office? | |
| Is this practitioner's group accepting new Molina patients? | |
| How many patients are you actively treating? | |

If practitioner is a PCP provider, enter number of patients that are:

Medicaid ☐ CHIP ☐ Medicare ☐