Provider Contract Request Form

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 **MHILProviderNetworkManagement@molinahealthcare.com** or call **(855) 866-5462** for assistance.

If you are adding providers to a participating group or PHO/PO, please submit a Provider Information Update Form to MHILProviderNetworkManagement@molinahealthcare.com.

PLEASE SELECT PROVIDER TYPE					
☐ Individual	☐ Medical Group	☐ ASC	☐ Urgent Care	☐ FQHC	☐ RHC
☐ Behavioral Health	☐ Home Health	☐ DME	☐ Other		

LINE OF BUSINESS					
☐ Medicaid	☐ MMP (Duals)	☐ Marketplace			

CONTACT INFORMATION	
Requestor Name: _____	Requestor Phone: _____
Requestor Email: _____	Requestor Fax: _____

PROVIDER INFORMATION	
Legal Entity Name: _____	
Business/Service Address: _____ (If additional locations, please attach roster.)	Mailing address: _____ (Contract will be emailed.)
City, State, Zip: _____	City, State, ZIP: _____
Office Phone: _____	Contact Phone: _____
Office Fax: _____	Contact Fax: _____
Office Email: _____	Contact Email: _____

PROVIDER IDENTIFICATION	
Group Specialty: _____	Tax ID (TIN): _____
* Group Billing NPI(s): _____ (* List all Group NPI(s) applicable to the corresponding Tax ID.)	
** Illinois Medicaid ID Number: _____ (** Providers must meet credentialing requirements via the Illinois IMPACT system. Get the process started at **Provider Enrollment, illinois.gov.**)	
Hospital Affiliation(s): _____	

If your request is approved, you will be contacted by a Molina Contract Manager within 30 days. If you have any questions regarding completion of this form, email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com.

Please note that completion of the above information is not confirmation of your participation status with Molina Healthcare of Illinois. Final contractual status is based upon your ability to meet credentialing standards and any additional contractual obligations.