



# 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](mailto: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: \_\_\_\_\_

Requestor Email: \_\_\_\_\_ Requestor Fax: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

**Primary Care Provider designation**

Business/Service Address: \_\_\_\_\_  
*(If additional locations please attach roster)*

Mailing address: \_\_\_\_\_  
*(Contract will be emailed unless indicated here where to send)*

City, State, Zip: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Specialty: \_\_\_\_\_

Taxonomy: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Bill Type: \_\_\_ CMS1500 \_\_\_ UB04 \_\_\_ Both

Ind. NPI/API: \_\_\_\_\_

Group NPI/API: \_\_\_\_\_

Ind. TPI: \_\_\_\_\_

Group TPI: \_\_\_\_\_

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.**