Add provider request form (Mini application)
Molina Healthcare of Washington, Inc.

Please complete this form to add a new practitioner to an in-network contracted group and return to: MHWProviderContracting@MolinaHealthcare.com.

If practitioner is **Facility Based** (i.e.: Hospitalist, Anesthesiologist, etc.) and/or **non-PCP Physician Assistant or Nurse Practitioner,** this form can be returned to MHWProviderInfo@MolinaHealthcare.com.

Failure to provide information requested on this form may result in significant processing delays and/or the denial of your request.

Completing this form is not a guarantee of network participation.

To be considered an in-network provider, providers must be credentialed as applicable AND contracted.

Practitioner information

<table>
<tr><td>Last Name:</td><td colspan="2">First Name:</td><td>Middle Initial:</td><td>Suffix (Jr., Sr., III, etc.):</td></tr>
<tr><td>Birth Date:</td><td>Gender: ☐ Female
☐ Male</td><td colspan="3">Individual NPI:</td></tr>
<tr><td>Title (MD, DO, ARNP, etc.):</td><td rowspan="2">Primary Specialty:

☐ PCP
☐ Specialist
☐ Facility-Based
(Hospital, SNF, etc.)</td><td colspan="3" rowspan="2">Sub-Specialties:</td></tr>
<tr><td>Supervising Provider Name
(if applicable):</td></tr>
<tr><td colspan="5">Application Availability: ☐ ProviderSource ☐ CAQH
Attestation should be within 45 calendar days or application will be rejected.</td></tr>
<tr><td colspan="5">All NPIs which will be included on claim submissions **must be** registered with the Washington State Health Care Authority (HCA) before a provider can be considered participating in the Molina Healthcare of Washington network.
☐ Provider is currently registered. ProviderOne ID:
☐ Provider application is in process. ProviderOne Application Number:</td></tr>
</table>

Group contact information

Name:	Phone:	Email:

Primary practice information

Effective/Start Date:	**Legal Name:**
TIN:	**Group/Billing NPI:**
Primary Service Location:	

Panel Information (Required for each affiliated location):

1. Age Limits: ☐ Yes ☐ No
   Lower Age Limit: Upper Age Limit:
2. Gender Limit: ☐ No ☐ Female Only ☐ Male Only
3. Complete OB Care up to Delivery: ☐ Yes ☐ No
   Including Delivery: ☐ Yes ☐ No
4. Family Planning Services: ☐ Yes ☐ No
5. Accepting New Patients – For PCPs, this includes an open panel for member assignment: ☐ Yes ☐ No
6. Include on the Provider Online Directory: ☐ Yes ☐ No
   All participating providers must be listed on the directory for Molina Marketplace at either an individual or group level. Checking No above will apply to Molina Apple Health and Molina Medicare only.

Secondary practice information

Effective/Start Date:	**Legal Name:**
TIN:	**Group/Billing NPI:**
Service Location:	

Panel Information (Required for each affiliated service location):

1. Age Limits: ☐ Yes ☐ No
   Lower Age Limit: Upper Age Limit:
2. Gender Limit: ☐ No ☐ Female Only ☐ Male Only
3. Complete OB Care up to Delivery: ☐ Yes ☐ No
   Including Delivery: ☐ Yes ☐ No
4. Family Planning Services: ☐ Yes ☐ No
5. Accepting New Patients – For PCPs, this includes an open panel for member assignment: ☐ Yes ☐ No
6. Include on the Provider Online Directory: ☐ Yes ☐ No
   All participating providers must be listed on the directory for Molina Marketplace at either an individual or group level. Checking No above will apply to Molina Apple Health and Molina Medicare only.

By signing below, I certify that the information contained herein is true and complete at the time of submission and will continue to notify Molina Healthcare of Washington of any future changes in a timely manner.