



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 (ie: 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.

PRACTITIONER INFORMATION

Form section for Practitioner Information including fields for Last Name, First Name, Middle Initial, Suffix, Birth Date, Gender, Individual NPI, Title, Primary Specialty, Sub-Specialties, and Application Availability.

GROUP CONTACT INFORMATION

Form section for Group Contact Information including fields for Name, Phone, and Email.

PRIMARY PRACTICE INFORMATION

Form section for Primary Practice Information including fields for Start/Effective Date, Legal Name, TIN, Group/Billing NPI, Primary Service Location, and Panel Information.

SECONDARY PRACTICE INFORMATION

Form section for Secondary Practice Information including fields for Start/Effective Date, Legal Name, TIN, Group/Billing NPI, Secondary Service Location, and Panel Information.

\*Please note: All rendering NPIs MUST be registered with the Washington State Health Care Authority (HCA) prior to credentialing/contracting. All providers must be credentialed AND contracted to be considered in-network participating providers, as applicable.