



Contract Request Form (CRF)

Nursing Facility/SNF/Assisted Living/Personal Care

Thank you for your interest in becoming a Molina Healthcare Provider. Please complete the form below using the fillable cells below. Questions can be directed to: MHTNursingfacility@Molinahealthcare.com

Requestor Information	
Requestor Name: <input type="text"/>	Phone: <input type="text"/>
Requestor Email: <input type="text"/>	FAX: <input type="text"/>
Company/Corporation Affiliation: <input type="text"/>	Submission Date: <input type="text"/>
Type of Provider	
<i>All Providers must have a HHSC Contract</i>	
<i>*SNF Providers must have a CMS Medicare Contract (includes Part B)</i>	
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> SNF* <input type="checkbox"/> Assisted Living/Person Care Home
Facility Information	
Facility Name: <input type="text"/>	
Phone: <input type="text"/>	FAX: <input type="text"/>
Physical Address: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/> ZIP Code: <input type="text"/>
Administrator: <input type="text"/>	Email: <input type="text"/>
Billing/Payment Remittance Address: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/> ZIP Code: <input type="text"/>
Contract Correspondence Address: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/> ZIP Code: <input type="text"/>
Contact Name: <input type="text"/>	Phone: <input type="text"/>
Contact Email: <input type="text"/>	
TAX ID: <input type="text"/>	Taxonomy: <input type="text"/>
NPI: <input type="text"/>	
HHSC Contract #: <input type="text"/>	License Number: <input type="text"/>
CMS Provider #: <input type="text"/>	License Expiration Date: <input type="text"/>
Bill Type: <input type="checkbox"/> 1500 <input type="checkbox"/> UBO4 <input type="checkbox"/> Both	

Once the CRF is submitted allow 3-7 business days for a contract package to be emailed. Included in the contract package will be further details on the credentialing process. Timely submission of a credentialing application with all supporting documentation is critical to a timely contracting process. All facilities must meet Molina credentialing requirements in order for contracts to be fully executed.

Submit the completed CRF with a current W9 and a copy of the facility license to:

MHTNursingfacility@Molinahealthcare.com