



278 – Service Request Review and Response Direct Connect Enrollment Form

Please mail all completed forms to:

Molina Healthcare, Inc.
Attention: EDI Department
200 Oceangate, Ste #100
Long Beach, CA 90802-4317

Please check one of the following:

New (278) Service Request Review and Response

Complete the following to submit a 278 transaction directly to Molina:

Tax Identification Number _____
National Provider Identification _____
UHIN TP# (If Applicable) _____
Provider Name _____
Provider Physical Address _____
City _____ State _____ Zip _____

By submission of this form to Molina Healthcare, Inc., I authorize implementation of the 278 transaction for this Provider and agree to the following:

1) Production implementation will occur after this entity's eligibility for these services has been verified and tested.

2) PROVIDER agrees that, if PROVIDER uses an agent/TPA (Third Party Administrator) to implement, PROVIDER shall give Molina Healthcare, Inc. a letter ("Release Letter") signed by a duly authorized representative of PROVIDER, on PROVIDER's letterhead, stating (1) the name and address of PROVIDER's agent and (2) the scope of the agent's authority and (3) that said agent is both aware of, and has agreed to be bound by, all applicable state and federal laws and regulations with regard to patient confidentiality.

3) Check appropriate box:

a. PROVIDER is NOT currently using a TPA.

b. PROVIDER IS currently using a TPA; PROVIDER's Release Letter is attached and is incorporated by reference.

4) PROVIDER understands and agrees that a new Release Letter shall be provided to Molina Healthcare, Inc. whenever PROVIDER changes or terminates PROVIDER's agent, as applicable.

5) Please include all relevant contacts that will need access to download the 278 transaction files: (If you are a Utah provider and will be receiving files through UHIN, no need to fill out contact list below):

1) Contact Name _____
Email Address _____ Phone Number _____

2) Contact Name _____
Email Address _____ Phone Number _____

3) Contact Name _____
Email Address _____ Phone Number _____

4) Contact Name _____
Email Address _____ Phone Number _____

Authorized personnel must sign this form:

PRINT NAME _____

SIGNATURE: _____ DATE: _____

TITLE: _____ PHONE: _____