

Provider Contract Request form

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 NEContracting@molinahealthcare.com or call (844) 782-2678 for assistance.

If you are adding providers to a participating group or PHO/PO, please submit a Provider Information Update Form to NEContracting@molinahealthcare.com.

Please select provider type						
Individual	Medical group	ASC	Urgent Care	FQHC	RHC	
Behavioral health	Home health	DME	Other			

Line of business		
Medicaid	Medicare	

Contact information			
Requestor name:	Requestor phone:		
Requestor email:	Requestor fax:		

Provider information				
Legal entity name:				
Business/service address: (If additional locations, please attach roster.)	Mailing address: (Contract will be emailed.)			
City, state, ZIP:	City, state, ZIP:			
Office phone:	Contact phone:			
Office fax:	Contact fax:			
Office email:	Contact email:			

Provider identification				
Group specialty:	Tax ID (TIN):			
* Group Billing NPI(s): (* List all Group NPI(s) applicable to the corresponding Tax ID.)				
** Nebraska Medicaid ID Number:				
(** Providers must be enrolled in Nebraska Medicaid. Get the process started through Maximus at www.nebraskamedicaidproviderenrollment.com .)				
Hospital affiliations:				

If your request is approved, you will be contacted by a Molina Contract Manager within 30 days. If you have any questions regarding completion of this form, email the Provider Network Management team at NEContracting@MolinaHealthcare.com.

Please note that completion of the above information is not confirmation of your participation status with Molina Healthcare of Nebraska. Final contractual status is based upon your ability to meet credentialing standards and any additional contractual obligations.