Provider Contract Request Form

Molina Healthcare of Illinois, Inc.

Thank you for your interest in becoming a Molina Healthcare of Illinois provider. To ensure the proper contract and credentialing packet is generated, please complete this Contract Request Form and return it along with a current W-9 to **MHILProviderNetworkManagement@MolinaHealthcare.com** or call **(855) 866-5462** for assistance.

Please do not use this form if you are adding providers to a participating group or PHO/PO. Instead, submit a Provider Information Update Form to MHILProviderNetworkManagement@MolinaHealthcare.com.

PLEASE SELECT PROVIDER TYPE					
☐ Individual	☐ Medical Group	☐ ASC	☐ Urgent Care	☐ FQHC	☐ RHC
☐ Behavioral Health	☐ Home Health	☐ DME	☐ Other:		

LINE(S) OF BUSINESS				
☐ Medicaid	☐ MMP/Duals	☐ Marketplace	☐ Medicare (MAPD)	☐ D-SNP (effective 1/1/2026)

CONTACT INFORMATION	
Requestor Name: _____	Requestor Phone: _____
Requestor Email: _____	Requestor Fax: _____

PROVIDER INFORMATION	
Legal Entity Name: _____	
DBA Name (if applicable): _____	
Service Address (If additional locations, please attach roster): _____	Mailing Address (Contract will be emailed): _____
City, State, ZIP: _____	City, State, ZIP: _____
County: _____	County: _____
Office Phone: _____	Contact Phone: _____
Office Fax: _____	Contact Fax: _____
Office Email: _____	Contact Email: _____
Signatory Name: _____	Payment Address (If different): _____
Signatory Title: _____	City, State, ZIP: _____
Signatory Email: _____	Contact Phone: _____

PROVIDER IDENTIFICATION	
Group Specialty:	Tax ID (TIN):
* Group Billing NPI(s): (* List all Group NPI(s) applicable to the corresponding Tax ID.)	
** Illinois Medicaid ID Number: (** Providers must meet credentialing requirements via the Illinois IMPACT system. Get the process started at **illinois.gov.**)	
Hospital Affiliation(s):	

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