



Ohio Dental Provider Contract Request Form

If you are not currently contracted with Molina Healthcare of Ohio and you are a dentist interested in joining our network of quality health care providers, or if you wish to add a line of business to your existing dental contract, please email this completed form to Molina Dental Services at Denta.VisionDevelopment@MolinaHealthcare.com.

Please note: In order for providers to contract with a Medicaid managed care plan, the Ohio Department of Medicaid requires **all providers** to be enrolled with Ohio Medicaid at both the practice/facility and individual provider levels, as applicable.

If you are an individual provider joining a contracted practice, please do not complete or submit this form. Please complete and submit a Provider Information Update Form (PIF). [Click here](#) to find the form, or go to www.MolinaHealthcare.com/OhioProviders, click on the “Forms” tab and look under the “Contracted Providers Making Changes” section. Once you have completed the PIF, please email the form to MDVSPIM@MolinaHealthcare.com.

Practice/Facility Name: _____

Practice/Facility Ohio Medicaid ID: _____ Practice/Facility Tax ID Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Office Location (if different from mailing address): _____

Specialty/Provider Type: _____ Person Completing Form: _____

County: _____ Phone: _____ Email Address: _____

If you are a professional practice that employs multiple providers, please provide information for all individual providers in the table below or on a separate sheet (excludes ancillary providers):

Individual Provider Name	Provider Type/Specialty	Individual Medicaid ID	Individual Medicare ID	Individual NPI

Are all providers employed by the group? Yes or No

If NO, please be advised that separate Provider Services Agreements will need to be completed for non-employed providers.

Any additional information you would like to include relative to your request:

You will be contacted by a member of the Provider Information Management (PIM) team within 30 days of submitting this form. If you have any questions regarding completion of this form, email PIM at MDVSPIM@MolinaHealthcare.com.

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