



**Passport By Molina Healthcare**

**A1c Participating Provider Sweepstakes Entry Form**

Practice Name:

Entry Date:

TIN:

Location:

Primary contact name:

Phone number for primary contact:

Email address\*:

- By participating in this Sweepstakes, Entrants each agree to be fully and unconditionally bound by the terms and conditions of the Official Rules and represent and warrant that they meet the eligibility requirements, are in compliance with the entry requirements in all regards and agree to accept the decisions of the Sponsor in its sole discretion as final and binding as it pertains to this Sweepstakes.

Please submit this survey by 12/31/2023.

[<<Click link here to view the official Rules>>](#)

For any additional questions, please email: [PHPDiabetesSweepstakes@MolinaHealthCare.Com](mailto:PHPDiabetesSweepstakes@MolinaHealthCare.Com)

\*Email address required to notify winners.