brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT

Provider Directory Updates for Providers in our Network

Please complete this form and email it with supporting documentation (profile, W-9, term letter, etc.) to bh-cdm@molinahealthcare.com

Type of Update
☐ Add   ☐ Termination   ☐ Change

Provider Type
☐ PCP   ☐ Specialist   ☐ Midlevel   ☐ Hospital   ☐ Ancillary Facility

Provider ID or Name	
Provider NPI	
Medical Group	
Regional Code	
Contract Status	
Contact Name	
Contact E-Mail	
Contact Phone	
Additional Instructions	