



# Contract Request Form

## (CRF)

**Thank you for your interest in becoming a Molina Healthcare of South Carolina Provider. To ensure the proper contract and credentialing packet is generated, please complete this contract request form and return via email to: [SCProviderContract@MolinaHealthCare.com](mailto:SCProviderContract@MolinaHealthCare.com)**

If you would like to add provider(s) to an existing contract, please email our Provider Relations Department at: [SCProvider.Services@MolinaHealthCare.com](mailto:SCProvider.Services@MolinaHealthCare.com).

PLEASE SELECT PROVIDER TYPE					
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> Ancillary	<input type="checkbox"/> Hospital	<input type="checkbox"/> RBHS	<input type="checkbox"/> Babynet
<input type="checkbox"/> DME	<input type="checkbox"/> CLTC	<input type="checkbox"/> IDTF	<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Other:	

LINES OF BUSINESS				
<input type="checkbox"/> Medicaid	<input type="checkbox"/> MMP	<input type="checkbox"/> DNSP	<input type="checkbox"/> Marketplace	<input type="checkbox"/> All Lines of Business

CONTACT INFORMATION	
Contract Signer's Name: _____	Contract Signer's Title: _____
Contract Signer's Email: _____	Contract Signer's Phone: _____

PROVIDER INFORMATION	
Legal Entity Name: _____	
Physical Address: _____ <i>(If additional locations please attach roster)</i>	Mailing address: _____ <i>(Contract will be emailed)</i>
City, State, Zip: _____	City, State, and Zip: _____
Office Phone: _____	Contact Phone: _____
Office Fax: _____	Contact Fax: _____
Office Email: _____	Contact Email: _____

PROVIDER IDENTIFICATION	
Group Specialty: _____	Tax ID (TIN): _____
Group/Individual NPI(s): _____	
SC Medicaid ID (Provider/Group): _____ <i>(If Medicaid is selected under LOB, a Medicaid ID is required, if If you do not have a group/individual Medicaid ID issued, we will not be able to proceed with a group/individual agreement.)</i>	
Medicare ID Number: _____ <i>(If DSNP is selected under LOB, a Medicare ID is required, if If you do not have a group/individual Medicare ID issued, we will not be able to proceed with a group/individual agreement.)</i>	
Hospital Location of Admitting Privileges: _____	

*Please complete this form in its entirety to be considered for participation. Once the completed form is submitted, please allow up to 14 business days for contract packet to be emailed to the address provided above. Molina will review and assess network adequacy upon receipt of your CRF form. Not every contract request will be granted.*

# ATTACHMENT D

MCO W-9 FORM

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or Trust/estate single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
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<b>OR</b>									
<b>Employer identification number</b>									
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.