MHIL Supplier Profile Form

Molina Healthcare of Illinois, Inc.

1099 Legal Name: Click here to enter text.	
Business Name, if different from above: Click here to enter text.	
Physical Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. ZIP Code: Click here to enter text.	
Remittance Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. ZIP Code: Click here to enter text.	
Federal Tax ID: Click here to enter text.	
Payment Terms: Click here to enter text.	State of Incorporation: Click here to enter text.
Primary Account Contact Name: Click here to enter text.	
Phone: Click here to enter text.	Fax: Click here to enter text.
Email: Click here to enter text.	Website: Click here to enter text.
Commodity Line / Services: Click here to enter text.	

Business Type

☐ Individual/Sole Proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Limited Liability Corporation
☐ Other: Click here to enter text.

1099 Delivery: ☐ Electronic Form (Provide Preferred Email): Click here to enter text.
☐ Paper Form (Provide remittance address if different from above):
Address: Click here to enter text.
City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Preferred Payment Method: ☐ Check ☐ ACH

ACH Information

Name on Bank Account: Click here to enter text.	
Bank Name: Click here to enter text.	
Acct Type: ☐ Checking ☐ Savings	
Account Number: Click here to enter text.	Routing Transit No. (9-digits): Click here to enter text.
Email (Required for ACH payment notification): Click here to enter text.	

By filling out the ACH Information and submitting this form to Molina Healthcare Inc., I, named below, authorize payment of invoice(s) via ACH to the business account provided above.

Name: Click here to enter text.
Title: Click here to enter text.

E-Signature: Click here to enter text.
Date: Click here to enter text.

*****Email the completed form to IL_AccountsPayable@MolinaHealthcare.com**

Vendor/provider will receive a call to verify bank information. We are unable to provide a date/time. A message will be left at the contact provided. If changing bank accounts, it is helpful to have a bank letter indicating the account.