

# **Supplier Profile Form**

1099 Legal Name:			
Business Name, if different from above:			
Physical Address:	City:	State:	Zip Code:
Remittance Address:	City:	State:	Zip Code:
Federal Tax ID:			
Payment Terms:	State of Incorporati	on:	
Primary Account Contact Name:			
Phone:	Fax:		
E-Mail:	Website:		
Commodity Line / Services:			
Business type: Individual/Sole Proprietor C Corporation S Corporation 1099 Delivery: Electronic Form (Provide Pr Paper Form (Provide Remi Address:	□ Lir □ Ot eferred Email):	her: Click here to	
Preferred Payment Method:	ck		
ACH Information			
Name on Bank Account:			
Bank Name:			
Acct Type:  Checking	□ Savings		
Account Number: F	Routing Transit No.	(9-digits):	
E-Mail (*Required for ACH payment notifica	ation*):		

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

Name:

Title:

Signature:

Date:

Molina Healthcare, Inc. 200 Oceangate – 11<sup>th</sup> Floor, Long Beach, CA 90802 Phone: (888) 562-5442 – <u>mhivendorhelp@molinahealthcare.com</u> – Fax: (562) 499-0629



# **Vendor Questionnaire**

Please complete the following information, as applicable.

## <u>Please indicate if you are a New Vendor or Provider joining Molina Healthcare or an Existing/Prior</u> <u>Vendor or Provider:</u>

□ New Vendor or Provider

□ Existing/Prior Vendor or Provider

# If you are an Existing/Prior Vendor or Provider, please describe what updates you are making to your account:

- □ Payment method (ACH/Banking Information)
- □ Mailing/Remittance Address
- Federal Tax ID
- □ Business Name/1099 Legal Name
- □ Business Type (Corporation, Sole Proprietor, Partnership, etc.)
- □ Email Address
- □ Payment Terms (Net 30, Net 10, DUE, etc.)

# Please indicate if you are a Third-Party Service Provider ("TPSP"):

□Yes
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□No

A **"TPSP"** is any contractor, consultant or vendor who is not an affiliate of Molina, providing services that involve access to Molina Nonpublic Information ("NPI"). NPI is any Molina business-related information by which the tampering or breach would have a material adverse impact to Molina; PHI; and nonpublic PII.

#### Please indicate if you have any of the following Diverse Certifications (check all that may apply):

□ Not Applicable

□ MBE – Minority Business Enterprise

- □ WBE Woman Business Enterprise
- □ PBE Persons with Disability Business Enterprise
- DVBE Disabled Veterans Business Enterprise
- LGBTE Lesbian, Gay, Bisexual, Transgender Business Enterprise



### Please describe the service/products being offered:

#### **Signatory**

- 1) Contract Signatory information:
  - a. Signatory Name:
  - b. Signatory Title:
  - c. Signatory Email:

### **Compliance/Privacy**

2) Will you have access, store, create, or transmit Molina member PHI, PII, or other nonpublic information (\*NPI) for or on behalf of Molina (please explain)?

\*NPI is any Molina business-related information by which the tampering or breach would have material adverse impact to Molina; PHI; and nonpublic PII.

- a. What type of PHI/PII/ePHI will be handled (e.g. Member SSN/DOB/Emails)?
- b. What is the volume of PHI/PII/ePHI data that will be handled (limited number or entire membership)?
- c. Where will the data be stored?
- 3) Will any exchange of data be required and transferred? If so, how will it be transferred?
- 4) Are you or any subcontractors located outside the U.S., performing the services outside the U.S., or housing our data outside the U.S.?
  - a. Is there an onshore option available?



# IT Security

- 5) Do services/product require a network connection to the Molina environment?
- 6) If service/product includes software, what type of software is this (perpetual, SaaS, subscription, etc.)?
  - a. Where will the SW sit (i.e. on prem data center, vendor dc, hosted, Molina Azure, AWS, etc.)?
- 7) Is there any associated hardware involved?