MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)

The key to a healthy baby and a happy mom

MAIN INFORMATION

Provider Name _____

Physical Address _____

City _____ **State** _____ **Zip Code** _____ **County** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____ **County** _____

Contact Person _____ **Title**_____

Main Phone Number _____ **Type of Phone** _____

Alternate Phone Number _____ **Type of Phone**_____

Fax Number_____

Website _____ **Email** _____

Days & Hours of Operation_____

LIST OF SERVICES & DESCRIPTION

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TYPES OF PAYMENT ACCEPTED: (PLEASE LIST) _____

TYPE OF MEDICAID, ACCEPTS: ☐ **ALL MEDICAIDS ACCEPTED**

☐ **TRADITIONAL MEDICAID** ☐ **MEDWORK** ☐ **CARE SELECT**

☐ **HIP STATE PLAN** ☐ **IN NETWORK (ANTHEM, MHS, MDWISE)** **(Please Circle)**

☐ **MEDICAID PENDING**

DO YOU OFFER BILINGUAL SERVICES? ☐ **YES** **(Please Specify Language or Languages)** ☐ **NO**

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ADDITIONAL INFORMATION

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FOR HELPLINE USE ONLY

LEAD RDS _____ **DATE** _____