

Supervising Physician/Provider Verification Form

For physician assistants (PAs), nurse practitioners (NPs), midwives (CNM or LNM), associate social workers (ASW), associate marriage and family therapists (AMFT), and associate professional clinical counselors (APCC)

Note: The supervising physician/provider MUST be a Molina Healthcare participating provider and must sign at the bottom of this page.

As the supervising physician/provider, I (name listed below) confirm my role for the following health care professionals:

Supervising physician/provider name: _____

Supervising physician/provider specialties: _____

Supervised practitioner/provider name: _____

Supervised practitioner/provider specialty: _____

Supervising physician/provider signature: _____

Supervising physician/provider NPI: _____

Date signed: _____