



## Notification of Moral and Religious Objections to Specific Services

As per our South Carolina Department of Health and Human Services Medicaid Contract, we are required to identify providers who decline to offer certain services due to moral or religious objections, including family planning services.

If you have any objections, please complete this form and return it via email at **SCProvider.Services@MolinaHealthcare.com**.

Provider NPI \_\_\_\_\_

Provider Name (Individual or Facility) \_\_\_\_\_

Provider NPI (Individual or Facility) \_\_\_\_\_

Moral or Religious Objections

---

---

---

If you have any questions, feel free to contact your Provider Services representative.