



CareOregon®

315 SW Fifth Ave
Portland, Oregon 97204
503-416-4100 or 1-800-224-4840
1-800-735-2900 (TTY/TDD)
careoregon.org

Credentialing Information Update for Hospital-Based or Downstream Providers

If Provider's practice is not solely hospital-based or downstream, DO NOT complete this form. Please complete an Oregon Practitioner Credentialing Application (OPCA) found on the Oregon Health Authority's website and fax to (503)416-3665.

Please send the completed form to ProviderUpdates@careoregon.org.

Provider Information			
Last Name			
First Name/Middle Initial			
Professional Designation (MD/DO/PA/NP, etc.)		NPI	
Date of Birth		Social Security Number	
Medical Specialty		Oregon Medicaid ID	

Hospital Affiliations					
Name	Clinic/Department Name	Address-Street	City	State	Zip

Billing Information	
Tax ID	
Billing Name	
Billing NPI	
Billing Address	
Effective Date of Provider	

Please check the appropriate box below:

- Practitioner meets this criteria: practices exclusively in an inpatient setting or free-standing facility and provides care for organization members only because members are directed to the hospital, another inpatient setting or free-standing facility
- Practitioner does not meet the above criteria. If practitioner does not meet above criteria, please submit an OPCA to CareOregon

Form Completed by:

Name:	
Title:	
Email:	
Phone/Fax	