

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.

NOTE:The Hospital Based or Downstream Provider status will be effective for a period of two years from Effective Date of Provider or date the form is received if Effective Date is left blank. Please submit a new form before the term date to avoid provider receiving a non-participating payment status.

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	