

# Change Of Vendor Request Form

## CareOregon/CareOregon Advantage



315 SW Fifth Avenue, Suite 900  
Portland, Oregon 97204  
503-416-4100 or 800-224-4840  
877-416-4161 (TTY/TDD)  
www.careoregon.org

Print member's name: \_\_\_\_\_

DMAP ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Current vendor: \_\_\_\_\_

New vendor: \_\_\_\_\_

Which equipment/supplies are obtained from vendor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member's reason for changing vendors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print name of person completing form: \_\_\_\_\_

Check one:  Member  Member's representative  Vendor's staff

Date form completed: \_\_\_\_\_

**FAX completed form to 503-416-3637.**

**NOTE:** No more than two vendor changes are allowed in one year UNLESS a member has moved or there is evidence that could justify a policy exception.

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