



CareOregon

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503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
www.careoregon.org

**CareOregon/CareOregon Advantage
CHANGE OF VENDOR REQUEST FORM
Revised January 2010
FAX TO: 503-416-3637**

Member's Name: _____

DMAP ID #: _____ DOB: _____

Vendor Want to Change **From**: _____

Vendor Want to Change To: _____

Equipment/Supplies Involved: _____

Member's Reason for Changing: _____

Name of Person Completing Form: _____

- Member Member's Representative Vendor Staff

Date Completed: _____

PLEASE NOTE: CareOregon's policy is that vendor changes will be allowed up to two (2) times per year UNLESS member has moved or there is evidence that a unique situation exists that would allow for a policy exception to be made.