



Fill out the information below for providers who are new to contracting with CareOregon and need to be added to our provider database. To ensure prompt and accurate claims payment, please complete the below form and email to your PRS.

<i>Credentialing Contact Information</i>	
Name	Email
Address	Phone

<i>Practice Information</i>			
Practice Name			
Primary Office Physical Address 1	Office Physical Address 2	Office Physical Address 3	
Location NPI (Type 2)	Location NPI (Type 2)	Location NPI (Type 2)	
Primary Office Phone		Primary Office Fax	
Practice/Office Manager Name		Practice/Office Manager Phone	
Primary Mailing Address	City	State	ZIP
Primary Billing Address	City	State	ZIP
TIN/EIN		Billing Phone	Billing Fax
Does your clinic use an Electronic Health Record (EHR) software system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which software vendor do you use?		If yes, what software version are you using?	

Provider Information			
<input type="checkbox"/> Add (effective date)		<input type="checkbox"/> Remove (effective date)	
Last Name	First Name	MI	Title/Degree
DOB	SSN (No dashes)	Individual NPI (Type 1)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Taxonomy Code	Oregon Medicaid ID#	Professional license #	
Primary Directory Specialty		Secondary Directory Specialty (if applicable)	
Languages Spoken other than English		Accepting New Patients <input type="checkbox"/> Yes <input type="checkbox"/> No	
At which locations does this provider take patient appointments?			
Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3 <input type="checkbox"/>			

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Accessibility Requirements									
Exam Room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Restroom	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Exterior Building Access	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Telecommunication Device (TDD/TTY)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Interior Building Access	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Waiting or Reception Access	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Parking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Wheelchair Weight Scale	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No