

# Provider Billing Data Change Form



If you are a contracted CareOregon Behavioral Health provider and are changing any of your organization's billing data (*Tax Identification Number (TIN)*, *organizational National Provider Identifier (NPI) number* or *organization name*), please complete and submit this form to CareOregon **at least 45 calendar days before the effective date of your data change.**

**\*Please type or print clearly\***

Organization or provider name: \_\_\_\_\_  
Date form completed: \_\_\_\_\_

## **Billing Data Changes** (*Select and complete all applicable sections*)

Tax Identification Number (TIN)

Old TIN: \_\_\_\_\_ Date termed: \_\_\_\_\_

New TIN: \_\_\_\_\_ Date effective: \_\_\_\_\_

Organizational National Provider Identifier (NPI) number

Old NPI: \_\_\_\_\_ Date termed: \_\_\_\_\_

New NPI: \_\_\_\_\_ Date effective: \_\_\_\_\_

Organization name

Old name: \_\_\_\_\_ Date termed: \_\_\_\_\_

New name: \_\_\_\_\_ Date effective: \_\_\_\_\_

Please send the completed form to [bhproviders@careoregon.org](mailto:bhproviders@careoregon.org) **at least 45 calendar days before the effective date of your data change.**

Failure to submit this form at least 45 calendar days before your billing data change may affect your claims or authorization processing.

*Last Updated: September 2019*