

# Provider Office Address Addition/Relocation Form



If you are a contracted CareOregon Behavioral Health provider and are changing or adding an office location, please complete this form and submit it to CareOregon **at least 30 calendar days before your office change.**

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

Organization or provider name: \_\_\_\_\_  
Date form completed: \_\_\_\_\_ Tax ID (TIN/EIN): \_\_\_\_\_

## New Office Information

New office name: \_\_\_\_\_

New street address: \_\_\_\_\_

New city, state, ZIP: \_\_\_\_\_

New phone: \_\_\_\_\_ New fax: \_\_\_\_\_

What date is this new office opening? \_\_\_\_\_

Will services rendered at this location be billed using the same NPI as your existing location?  Yes  No

*If billing with a different NPI, please supply it below:*

NPI for new office: \_\_\_\_\_  N/A

Is this location ADA accessible? \_\_\_\_\_

If this location is not ADA accessible, how do you accommodate clients who require ADA accommodation?

— Continued on next page —

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What are the office hours for the new location? *(please include days and hours)*

In which foreign languages can a full spectrum of services be offered at the new location (including ASL)?

No foreign languages spoken at location

**Culturally specific focus at location** *(if applicable)*

Please check only culturally specific foci in which providers at this location have experience and training for treating members within their specialty:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> African American                | <input type="checkbox"/> Asian American            | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American /Alaskan Native | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> LBGTQ+          |
| <input type="checkbox"/> Other (please specify): _____   |  |  |

On the next two pages, please indicate which services are offered at the new office location in accordance with your CareOregon contract.

— *Continued on next page* —

Type(s) of behavioral health services offered at location, which are represented in your CareOregon agreement as a Covered Services & Compensation addendum:

<b>Mental Health Services</b>				
<b>Service type</b> <i>(check all that apply)</i>	<b>Age(s) served*</b> <i>(check all that apply)</i>			
<input type="checkbox"/> ABA	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> ACT			<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> CBIT	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> Crisis Stabilization	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> DBT: Fidelity	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Eating disorder: Partial hospitalization	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Eating disorder: Residential	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> IDD medication management	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Inpatient psychiatric hospitalization	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Mental Health IOP/partial hospitalization			<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Mental health outpatient	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Mental health outpatient: SPMI			<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Medication management	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Psychiatric day treatment services	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> Psychological testing	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> Respite services	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> Sub-acute services	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<b>*Child:</b> Ages 0-5   <b>Youth:</b> Ages 6-17   <b>Adult:</b> Ages 18-64   <b>Older adult:</b> Ages 65 and up				
<input type="checkbox"/> No mental health services are offered at this location				

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Type(s) of substance use disorder services offered at location which are represented in your CareOregon Agreement as a Covered Services & Compensation addendum:

<b>Substance Use Disorder Services</b>				
<b>Service type</b> <i>(check all that apply)</i>	<b>Age(s) served*</b> <i>(check all that apply)</i>			
<input type="checkbox"/> SUD dual diagnosis residential (Level 3.5)	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD high-intensity medically-monitored residential treatment services (Level 3.7)			<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD medication-assisted treatment (opioid treatment program)			<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD medication-assisted treatment (office-based opioid treatment)			<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD outpatient (Levels 1 and 2.1)	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD partial hospitalization/day treatment (Level 2.5)	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD residential treatment	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<input type="checkbox"/> SUD withdrawal management / detox (Level 3.7-WM)	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older adult
<b>*Child:</b> Ages 0-5   <b>Youth:</b> Ages 6-17   <b>Adult:</b> Ages 18-64   <b>Older adult:</b> Ages 65 and up				
<input type="checkbox"/> No substance use disorder services are offered at this location				

<b>Previous Office Information</b> <i>(if applicable)</i>
Closing office name: _____
Address of office that is closing: _____ _____
Date office is closing: _____

If you need to change your billing or mailing address, please complete and submit the Provider Administrative Address Update form. If you have questions about this form or your existing contract with CareOregon, please contact Provider Customer Service at 800-224-4840. Please submit all pages of the completed form and pertinent supporting documents to: [BHProviderDataUpdates@careoregon.org](mailto:BHProviderDataUpdates@careoregon.org) at least 30 calendar days before your office relocation.

*Last Updated: September 2023*