Oregon Organization Medicaid ID Application

PacificSource Community Solutions

1. Required Forms

Facility, Ambulance, DME, Pharmacy, Lab, etc.

- ☐ Completed PacificSource Oregon Medicaid ID Application
- ☐ Completed OHA Provider Disclosure Statement Form
- ☐ W9 Federal Tax Form
- ☐ Copy of associated claim
- ☐ Healthcare License for your organization, issued by the State Health & Human Services Department, or equivalent state entity, or CMS/Medicare Certification

Group of Professionals

- ☐ Completed PacificSource Oregon Medicaid ID Application
- ☐ Completed OHA Provider Disclosure Statement Form
- ☐ W9 Federal Tax Form
- ☐ Copy of associated claim

2. Organizational Information

Business Name[1,2] _____ Provider Type[3] _____

Federal Employer ID No.[1] _____

NPI No.[2] _____ Taxonomy Code[2] _____

Effective Date (May be backdated to cover a previous date of service, up to one year) _____

Contact Name (individual completing form) _____ Phone _____

1 Entries must match what is on your W-9.
2 Entries must match your registration with the National Plan & Provider Enumeration System: **npiregistry.cms.hhs.gov.**
3 DHS/OHA Provider Types: **Oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx**

3. Ownership Disclosure (See 42 CFR 455.104, and 455.105 for full requirements)

☐ **For-profit** corporations, partnerships, LLCs, or PCs: List the following information for entities having direct or indirect ownership or controlling interest in the provider entity. List name, title, birth date, and Social Security number for individuals; list name, title, and Federal Employer Identification number for an organization.

Name	Title	Birth Date	SSN/FEIN

☐ **Not-for-profit:** Please include IRS 501(c) Determination letter.

4. Location

Service Location (physical address) _____

City _____ State _____ ZIP+4 _____

County _____ Phone _____

Mailing Address (if different) _____

City _____ State _____ ZIP+4 _____

Please send all documents to **MedicaidProvNet@pacificsource.com** or fax to **(541) 225-3643.**
Accessibility help: For assistance reading this document, please call us at **(800) 431-4135.**
TTY: **(800) 735-2900**