

Provider Capacity Form

Applicable to Oregon primary care providers



Which lines of business do you currently serve? Medicaid Commercial (individual and group plans)

1. Individual providers

Check here if you are a primary care provider Check here to accept auto assignment (PCPs only)

Provider name _____

Specialty _____

Provider NPI _____ Tax ID _____ Individual provider capacity _____

2. Provider group

Check here to accept auto assignment (PCP groups only)

Provider group name _____

Specialty _____

Group NPI _____ Tax ID _____ Provider group capacity _____

Note: Unless otherwise specified, group capacity will be evenly dispersed among all providers.

3. Provider locations (if multiple, please identify)

Check if this is the primary location

Address _____

City _____ State _____ Zip _____

Check if this is the primary location

Address _____

City _____ State _____ Zip _____

Check if this is the primary location

Address _____

City _____ State _____ Zip _____

Please send this form to:

ORProviderService@PacificSource.com

Questions

If you have additional locations to report or other questions, please contact your Provider Service Representative: ORProviderService@PacificSource.com or **541-246-1457**, TTY: 711. We accept all relay calls.