

Oregon Organization Medicaid ID Application



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 type³ _____

Federal employer ID no.¹ _____

NPI no.² _____ Taxonomy code² _____

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: PacSrc.co/OHP

Is the provider organization owned or operated by a state, county, city, or other local governmental agency or instrumentality? Yes or No

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 3108ORMedicaidProviderEnrollment@PacificSource.com or fax to **541-225-3643**.

Accessibility help: For assistance reading this document, please call us at **800-431-4135**, TTY: 711. We accept all relay calls.