

Credentialing Information Update Form for Hospital-Based or Downstream Providers



If Provider's practice is not solely hospital-based or downstream, DO NOT complete this form. Please complete an Oregon Practitioner Credentialing Application (OPCA) found on the Oregon Health Authority's website and fax to 503-416-3665. Please send the completed form to ProviderUpdates@careoregon.org

NOTE: The Hospital Based or Downstream Provider status will be effective for a period of two years from Effective Date of Provider or date the form is received if Effective Date is left blank. Please submit a new form before the term date to avoid provider receiving a non-participating payment status.

Provider information

Last name: _____ First name, middle initial: _____

Professional designation (MD, DO, PA, etc.): _____ NPI: _____ Date of birth: _____

SSN: _____ Medical specialty: _____ Oregon Medicaid ID#: _____

Hospital affiliations

Name	Clinic/department name	Street address	City	State	ZIP

Billing information

Tax ID	
Billing name	
Billing NPI	
Billing address	
Effective date of provider	

Please check the appropriate box below:

- Practitioner meets this criteria: practices exclusively in an inpatient setting or free-standing facility and provides care for organization members only because members are directed to the hospital, another inpatient setting or free-standing facility
- Practitioner does not meet the above criteria. If practitioner does not meet above criteria, please submit an OPCA to CareOregon

Form completed by:

Name	
Title	
Email	
Phone/Fax	