

Credentialing Information Update for HOSPITAL-BASED Providers



This form serves as notification that a provider has been credentialed by a contracted hospital. If Provider's practice is not solely hospital-based, DO NOT complete this form. Instead, please complete an Oregon Practitioner Credentialing Application (OPCA) found on the Oregon Health Authority's website and fax to CareOregon Credentialing at (503)416-3665. Provider's hospital-based status will be effective for 2 years from the date this form is received. Please send the completed form to ProviderUpdates@careoregon.org.

| Provider Information | | | |
|--|--|------------------------|--|
| Last Name | | | |
| First Name/Middle Initial | | | |
| Professional Designation (MD/DO/PA/NP, etc.) | | NPI | |
| Date of Birth | | Social Security Number | |
| Medical Specialty | | Oregon Medicaid ID | |

| Hospital Affiliations | | | | | |
|-----------------------|------------------------|----------------|------|-------|-----|
| Name | Clinic/Department Name | Address-Street | City | State | Zip |
| | | | | | |
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| Billing Information | |
|----------------------------|--|
| Tax ID | |
| Billing Name | |
| Billing NPI | |
| Billing Address | |
| Effective Date of Provider | |

Please check the appropriate box below:

- Provider's practice is solely hospital-based.
- Provider's practice is NOT solely hospital-based.

Form Completed by:

| | |
|-----------|--|
| Name: | |
| Title: | |
| Email: | |
| Phone/Fax | |