Oregon Medicaid ID Application Form

1. Rendering or Attending Physicians and/or Type 1 NPIs

Name:	NPI:	
Date of Birth*:	Social Security #*:	
State Medical License #:	Effective Date:	Expiration Date:
State License Board:	Taxonomy Code:	

Required by CMS rule CMS-6028-FC effective 03/25/2011

2. Submitting Provider and/or Type 2 NPIs

Business Name:	NPI:	Tax ID #:
Street Address:	City:	State:
Mailing Address:	City:	State:
State Medical License* #:	Effective Date:	Expiration Date:
State License Board:	Taxonomy Code:	

A copy of your current state-issued license is required for Hospitals, Laboratories, Skilled Nursing Facilities, Home Health, Pharmacies, Ambulances, and ESRD. Please attach along with your completed application. If your organization is not one of these provider types, you may disregard license information/copy request.

Organization Ownership Disclosure – the following information is required in order to acquire a Medicaid number for your organization (Type 2 NPI) and for claims to be processed by Oregon Medicaid.

Please provide the name, date of birth and social security number of any person with 5% or more ownership interest in the organization. **If the organization is a nonprofit, or if ownership information is otherwise unavailable, please list the board of directors, CEO, or medical director.***

Name	Title	Date of Birth	Social Security #

Required by CMS rule CMS-6028-FC effective 03/25/2011

Please return this form by email to ProviderUpdates@careoregon.org or by fax to 503-416-1437.

Provider Configuration – 05/03/2017