



CareOregon 835 Request Form

Provider Information

Provider Billing Name	Provider Tax ID Number (TIN)
Billing Address	NPI
City State Zip	Check # <small>*Any check number previously issued by CareOregon</small>

Clearinghouse Information –CareOregon EDI Payer ID 93975

I authorize CareOregon to work directly with the following clearinghouse for retrieval of our 835 files

Yes No

Name of Clearinghouse	Contact Name
Email Address	Phone
Trading Partner ID	

*Also referred to as a submitter id used in order to exchange electronic transactions.

Please Note: it is the provider's responsibility to notify CareOregon if they no longer want us to share files directly with the clearinghouse

Contact Information/Authorized Signature (835 recipient)

Last Name, First Name	Phone Number
Company/Title	Fax Number
E-mail Address(es) for all persons that should be included in e-mail notifications: 1) 2) 3)	
Authorized Signature: Print Name	Date:

Internal Use (CareOregon) to be completed by the NRA

QNXT Provider ID:	QNXT Provider Name:
Provider Relations Specialist Name:	
Date Submitted to IS:	IS - Date Completed: