

Workshop Reimbursement Form - Living Well With Chronic Conditions



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
www.careoregon.org

Member Information (Please print clearly)

Member Name: _____ Member ID #: _____

Mailing Address: _____

City: _____ State: _____ ZIP code: _____

Email: _____ Home phone: _____ Cell phone: _____

Chronic Conditions (Please check all conditions that apply)

Arthritis Asthma Cancer Chronic Lung Disease/COPD Chronic Pain Depression Diabetes
Fibromyalgia Heart Disease High Blood Pressure High Cholesterol Multiple Sclerosis Stroke

Workshop Information

Workshop Location: _____ Sponsoring Organization: _____

Workshop Dates: _____ Cost paid by CareOregon Member: \$ _____

FOR WORKSHOP LEADER:

I, _____, do verify that _____ attended at least 4+ workshop sessions.

(please print your name)

(CareOregon Member)

Signature of Workshop Leader: _____

Mail to: CareOregon, Attn: Health Education, 315 SW 5th Ave., Suite 900, Portland, OR. 97204

Please allow 4 weeks to process your request.

Questions? Please call our Customer Service Department 503-416-4100, toll free 800-224-4840