

Provider Administrative Address Update Form



If you are a contracted CareOregon Behavioral Health provider and are changing one or more of your administrative addresses, please complete this form and submit it to CareOregon **at least 30 calendar days before your administrative address change.**

Please type or print clearly

Organization or provider name: _____
Date form completed: _____

New Address Information

To which administrative address does this change apply? (check all that apply)

- Billing / financial (checks will be sent to this address)
- Mailing / correspondence
- Credentialing
- Other: _____

What date is this new address effective? _____

Who is the contact for this address? _____

What is the contact email for this address? _____

New administrative address: _____

New administrative city, state, ZIP: _____

New phone: _____ New fax: _____

If you have questions about this form or your existing contract with CareOregon, please contact Provider Customer Service at 503-416-4100 or bhproviders@careoregon.org

Please return the completed form to bhproviders@careoregon.org at least 30 calendar days before your administrative address change.

Last Updated: September 2019