

Provider Billing Data Change Form



If you are a contracted CareOregon Behavioral Health provider and are changing any of your organization's billing data (*Tax Identification Number (TIN)*, *organizational National Provider Identifier (NPI) number* or *organization name*), please complete and submit this form to CareOregon **at least 45 calendar days before the effective date of your data change.**

Please type or print clearly

Organization or provider name: _____
Date form completed: _____

Billing Data Changes (*Select and complete all applicable sections*)

Tax Identification Number (TIN)

Old TIN: _____ Date termed: _____

New TIN: _____ Date effective: _____

Organizational National Provider Identifier (NPI) number

Old NPI: _____ Date termed: _____

New NPI: _____ Date effective: _____

Organization name

Old name: _____ Date termed: _____

New name: _____ Date effective: _____

Please send the completed form to bhproviders@careoregon.org **at least 45 calendar days before the effective date of your data change.**

Failure to submit this form at least 45 calendar days before your billing data change may affect your claims or authorization processing.

Last Updated: September 2019