

Provider Office Closure Notification Form



If you are a contracted CareOregon Behavioral Health provider and one of your currently contracted office locations is closing and not relocating, or will no longer be offering services to CareOregon members, please complete this form.

If the office is being **REPLACED** by a new office, please complete the **Provider Address Addition/Relocation form** instead.

Please type or print clearly

Organization or provider name: _____
Date form completed: _____
Contact name and email: _____

Office Closure Information

Name of office: _____
NPI: _____
Street address: _____
City, state, ZIP: _____
Date of office closure: _____
Are all practitioners at this location relocating to a different location? <input type="radio"/> Yes <input type="radio"/> No

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 for processing.

Last Updated: September 2019