



Traditional Health Worker Enrollment Form

Organization or Practice Information

Organization name: _____

Primary office address 1: _____ Location NPI (type 2): _____

Office address 2: _____ Location NPI (type 2): _____

Office address 3: _____ Location NPI (type 2): _____

Primary office phone: _____ Primary office fax: _____

Practice/office manager name: _____

Practice/office manager phone: _____

Primary mailing street address: _____

City: _____ State: _____ ZIP: _____

Primary billing address: _____

City: _____ State: _____ ZIP: _____

TIN/EIN: _____ Billing phone: _____ Billing fax: _____

Organization DMAP number: _____

NOTE: If you are an individual doula please complete the separate Doula Enrollment form on our website to enroll.

CareOregon partners with BetterDoctor for quarterly provider directory validation. Contracted offices will receive an email, a fax or a mailed letter with a key to be entered into their proprietary portal for provider demographic validation. CareOregon wants to ensure our provider directory is current and accurate for our providers and members. Contracted provider support in this quarterly validation is required.

Traditional Health Worker Enrollment Form



Traditional Health Worker 1 Information

Last name: _____ First name: _____ MI: _____ Title: _____

DOB: _____ SSN (no dashes): _____ Individual NPI (type 1): _____

Male Female Non-binary

Taxonomy code: _____ Oregon Medicaid ID: _____

Are you currently on the OHA THW registry? Yes No

THW type: Peer Wellness Specialist Peer Support Specialist Community Health Worker

Doula Personal Health Navigator Languages spoken other than English: _____

What is the THW's ethnic or racial identity?

American Indian Alaskan Native Asian Black or African American Hispanic/Latino

Native Hawaiian Pacific Islander White

At which locations does this provider take patient appointments? Location 1 Location 2 Location 3

Does THW identify as someone living with a disability? Yes No Decline to answer

Traditional Health Worker 2 Information

Last name: _____ First name: _____ MI: _____ Title: _____

DOB: _____ SSN (no dashes): _____ Individual NPI (type 1): _____

Male Female Non-binary

Taxonomy code: _____ Oregon Medicaid ID: _____

Are you currently on the OHA THW registry? Yes No

THW type: Peer Wellness Specialist Peer Support Specialist Community Health Worker

Doula Personal Health Navigator Languages spoken other than English: _____

What is the THW's ethnic or racial identity?

American Indian Alaskan Native Asian Black or African American Hispanic/Latino

Native Hawaiian Pacific Islander White

At which locations does this provider take patient appointments? Location 1 Location 2 Location 3

Does THW identify as someone living with a disability? Yes No Decline to answer

Traditional Health Worker 3 Information

Last name: _____ First name: _____ MI: _____ Title: _____

DOB: _____ SSN (no dashes): _____ Individual NPI (type 1): _____

Male Female Non-binary

Taxonomy code: _____ Oregon Medicaid ID: _____

Are you currently on the OHA THW registry? Yes No

THW type: Peer Wellness Specialist Peer Support Specialist Community Health Worker

Doula Personal Health Navigator Languages spoken other than English: _____

What is the THW's ethnic or racial identity?

American Indian Alaskan Native Asian Black or African American Hispanic/Latino

Native Hawaiian Pacific Islander White

At which locations does this provider take patient appointments? Location 1 Location 2 Location 3

Does THW identify as someone living with a disability? Yes No Decline to answer

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