Doula THW Provider Enrollment form

This form is to collect individual doula provider enrollment. If a doula is part of a hub, please use the Traditional Health Worker Enrollment form that includes organizational information on your hub on page 1 and THW information on page 2.

Please email completed forms to *ProviderDataUpdates@careoregon.org*

Individual Doula Enrollment form

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

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

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

What counties will you serve?

☐ Clackamas ☐ Clatsop ☐ Columbia ☐ Jackson ☐ Multnomah ☐ Tillamook ☐ Washington

Street address: _____

City: _____ State: _____ ZIP: _____

NOTE: Please indicate below if you would like this to be shared with members

Preferred contact method:

☐ Email _____ ☐ Phone _____

☐ Other _____

Do you have a website you would like to share? _____

Are you accepting new members? ☐ Yes ☐ No

What contact information would you like shared externally with members and providers?

☐ Email _____ ☐ Phone_____

☐ Web address _____ ☐ Other _____

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.