



1867 Williams Hwy, Suite 108
Grants Pass, OR 97527
Phone 541-471-4207
800-735-2900
FAX 541-471-4898

Attending Provider

The patient is covered by OHMS, an Oregon Medicaid Health Plan. As per the Oregon Department of Medical Assistance Program (DMAP), **we must collect and validate certain information prior to paying providers** who do not have an Oregon Medicaid Provider Number. The information you provide will be kept in confidence.

DMAP is taking this action as required under Section 6401 of the Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010. The CMS final rule addressing Section 6401 of the PPACA is CMS-6028-FC, which can be found at: <http://edocket.access.gpo.gov/2011/2011-1686.htm>

Primary Health of Josephine County is a medicaid payor and the client may not be billed.

Please fill out the attached form and resubmit with your claim for processing. The claim can not be processed without the completed information. The information must be submitted within 60 days of this notice.

You can mail the **claim** and **form** to:
Primary Health of Josephine County
1867 Williams Hwy, Suite 108
Grants Pass, OR 97527

Or Fax to:
Attention Claims Dept
541-471-4898

Thank you

Last Name	First	Initial	Title	Business Name (if different)
Physical Location Address				Mailing Address (if different)
City		State	Zip	City State Zip
Phone Number	License Board-State	License Number	License Effective Date	
Specialty			License Expiration Date	
School And Year of Graduation				Graduated
NPI #		Taxonomy Code(s)		
Tax Identification Number			Social Security Number for Attending	
			Date of Birth (Attending)	