



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

Billing 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>

Oregon Health Management Services 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

Business Name				
Last Name (Owner or CEO)	First Name (Owner or CEO)	Initial	Title	Social Security Number and DOB of Owner
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	
NPI #	Taxonomy Code(s)			
Tax Identification Number	See 42 CFR 455.104 and 455.105 for full requirements. Does anyone have 5% or greater ownership or control interest in the business? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, list the following for each individual or entity with such interest:				
Name	Title	Date of Birth	SSN/FEIN	