Click here to enter a date.

«first_name» «last_name»
«vn_address1»
«vn_city» «vn_state», «vn_zipcode»

Dear Provider,

PH TECH has recently received a claim from your office, billed to Coos Health & Wellness. If your office did not bill us directly for primary processing, it could be that Coos Health & Wellness is the secondary insurance and received a claim on your behalf for secondary processing. One or more of the NPI numbers listed on the claim is not enrolled in Oregon Medicaid. In order to receive payment consideration or credit for an encounter to the State, submitting, rendering, and attending providers must be enrolled in Oregon Medicaid. In order to process the claim, we will need additional information outlined in the form below.

PH TECH will be unable to process any claim until this information has been received and the NPI(s) have been successfully enrolled with Oregon Medicaid. ***According to CMS 42 CFR §431.52 and 42 CFR §447.15b, the member may not be billed for these services; an Oregon Medicaid Number must be acquired in order to receive payment for this claim.***

Please complete the attached form with all necessary information and return it along with your most recent signed and dated W9. This information can be mailed to:

Debbie Reed Administrative Services Manager
281 LaClair Street
Coos Bay, OR 97420

You may also fax this information to: 541-888-8726 Attn: Debbie Reed. If you have any questions, please feel free to contact us at 541-266-6762. After you have returned the form, please resubmit your claim so that it may be processed correctly.

Warmest Regards,

Provider Enrollment

Oregon Medicaid Enrollment Form

Plan Information

Plan Name:

Claim Information

Claim Number:	DOS:

Addresses

Facility/Office Street Address:	
Facility/Office City, State, Zip+4:	
Office Phone:	Office Fax:
Financial Mailing Street Address:	
Financial Mailing City, State, Zip+4:	
Financial Mailing Phone:	Financial Mailing Fax:

Identification Numbers

For Rendering and/or Attending Provider(s)

Name:		NPI: Rendering NPI
State Medical License (required):	Effective Date:	Expiration Date:
Taxonomy Code:		Specialty Type:
State Medicaid Number:	Effective Date:	Expiration Date:
State Medicare Number:	Effective Date:	Expiration Date:
Social Security Number*:		Date of Birth*:

**** Required by new CMS rule CMS-6028-FC effective March 25, 2011.***

*****For Peer Support Specialist / Traditional Health Worker – please attach copy of certificate. Applications received without this will not be processed.***

For Submitting Provider

Name:	NPI: Submitting NPI	
Taxonomy Code:		
State Medicaid Number:	Effective Date:	Expiration Date:
State Medicare Number:	Effective Date:	Expiration Date:

Hospitals, Skilled Nursing Facilities, Home Health, and ESRD must fill in your license information below.
Laboratories please fill in your CLIA number information below.

Hospital License Number:	Effective Date:	Expiration Date:

*The following information is required in order to acquire a Medicaid number for NPI Group/Submitting NPI. The following information must be supplied for all owners and officers with a **controlling interest of 5% or more** in the company. If no one person is an owner or has a controlling interest if 5% of more, the following information will need to be supplied for the CEO, COO, or controlling officer in the company. **
Please include additional sheets if necessary.

Name*	Title*	Date of Birth*	SSN*

**** Required by new CMS rule CMS-6028-FC effective March 25, 2011.***

********** PLEASE INCLUDE YOUR MOST RECENT SIGNED AND DATED W9 AND A COPY OF YOUR BUSINESS LICENSE **********