

Provider / Vendor Configuration Request Form

www.advancedhealth.com/providers



Notice: All providers must have an active Oregon Medicaid provider ID number in accordance with OAR 410-120-1260. This form is only for use by non-contracted providers and vendors with a valid Oregon Medicaid provider ID. Contracted providers (or those wishing to obtain an Oregon Medicaid Provider ID), are required to contact Karen Gannon via email at karen.gannon@advancedhealth.com.

Instructions: Please complete this form and return to Emilie Wilson via email at emilie.wilson@advancedhealth.com or via Fax at 541-266-0141. Complete the billing provider information if you wish to add or update a billing provider. Please complete page 2 for each rendering provider you wish to add or update.

Contact Information:

Name of individual completing this form:

Organization:

Phone Number:

Fax Number:

Email Address:

BILLING PROVIDER (VENDOR) INFORMATION

Billing Provider (Vendor) Information:

Organization name:

National Provider Identifier (NPI):

Taxonomy code:

Oregon Medicaid Provider ID Number:

Earliest service date:

Payment Information:

Federal Tax ID (or SSN):

"Pay To" Name (If different than Organization Name):

Receive Electronic Funds Transfers (EFT)? YES: NO:

EFT bank name:

EFT routing number:

EFT account number:

Choose One: Savings Account Checking Account

If you would like to Receive EOB's via secure email, please provide a valid email address where you would like them delivered. EOB Email Address:

Address Information:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Billing Contact Name:

Billing Contact Phone Number:

Billing Contact Fax Number:

Billing Contact Email Address:

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Instructions: Please complete this for each associated rendering provider you wish to add or update.

RENDERING PROVIDER INFORMATION

Miscellaneous:

Associated Billing Provider Organization:

Billing Provider NPI:

Association Date:

Provider Information:

Last Name:

First Name:

Middle:

Suffix:

National Provider Identifier (NPI):

Taxonomy:

Oregon Medicaid Provider ID Number:

Earliest Service Date:

Credentials:

Primary Licensing organization:

License Number:

Secondary Licensing Organization:

License Number:

Physical Address (No P.O. Boxes):

Address Line 1:

Address Line 2:

City:

State:

Zip:

Office Contact Name:

Office Contact Phone Number:

Office Contact Fax Number:

Office Contact Email Address: