



289 LaClair St • Coos Bay, OR 97420-0232  
Phone 541-269-7400 • Fax 541-266-0141  
Toll Free 800-264-0014

**NOTICE**  
~Additional Information Required~

Date:

From: Advanced Health  
Claims Department

Phone: 541-269-7400  
Fax: 541-266-0141

Dear Medical Services Provider:

We have a claim for services you provided one of our members. Before payment can be made the State of Oregon, Division of Medical Assistance Programs (DMAP) requires all health care providers and suppliers enroll with the Oregon Health Plan.

Enrollment forms can be downloaded here:

<http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx>

*\*Scroll down the page and click on the drop down menu titled "Select Provider Description"*

- Click on your provider type from the drop down list and a listing of the required documents will be shown on the right side of the screen
- Download and complete all of the Required Forms (i.e. DMAP 3114, OHA 3972, OHA 3973) for your provider type.

***\*Once you have completed all of the required forms, please fax these documents along with the application below and your claim(s) to 541-266-0141.\****

***Notice:*** *The State of Oregon, Division of Medical Assistance Programs (DMAP) now requires all health care providers and suppliers to submit both Social Security Numbers and Date of Birth information when initially enrolling or revalidating their participation with the Oregon Health Plan. 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.*

Or Mail documents to:  
Advanced Health  
Claims Department  
289 LaClair St, Coos Bay, OR 97420-0232

Thank you for your assistance.

Advanced Health  
Claims Department  
Coos Bay, Oregon 97420

