



Oregon Provider Medicaid ID Application

Please return this completed form by email to provnetsupport@pacificsource.com or fax to (541) 225-3643. All fields are required if applicable.

Request Information

Contact Name (individual completing form) _____ Phone _____

Effective Date¹ _____

Provider Information

Name _____

Birth Date _____ Social Security No. _____

Provider Type² _____ Specialty _____

License No. _____ NPI No.³ _____

Effective Date _____ Expiration Date _____

Licensing Board _____ State of Issue _____

Primary Taxonomy Code³ _____ Description _____

Secondary Taxonomy Code³ _____ Description _____

Other Taxonomy Code³ _____ Description _____

1 If more than six months from the date the state receives the request, your DMAP liaison will contact you for additional information.

2 See reverse for a list of provider types.

3 Entries must match your registration with the National Plan & Provider Enumeration System.

Service Location

Street Address _____

City _____ State _____ ZIP+4 _____

County _____ Phone _____

Mailing Address (if different) _____

City _____ State _____ ZIP+4 _____

DHS/OHA Provider Types

Enter the two-digit number (below) corresponding to your provider type on the front of this application.

- | | | | |
|----|--|----|---|
| 01 | Transportation Provider | 45 | Therapist |
| 02 | Acupuncturist | 46 | Physician Assistant |
| 03 | Alcohol/Drug | 47 | Clinic |
| 05 | Ambulatory Surgical Provider | 48 | Pharmacy |
| 06 | Behavioral Rehab Specialist | 49 | Prenatal Clinic |
| 07 | Billing Service | 50 | Pharmacist |
| 08 | Freestanding Birthing Center | 52 | X-ray Clinic |
| 09 | Billing Provider/Group Clinic | 53 | Psychologist Provider |
| 10 | Transportation Broker | 54 | Polygrapher |
| 12 | Copy Services | 57 | RN First Assistant |
| 13 | Cost Based Clinic | 58 | Registered Dietician |
| 14 | Rural Health Clinic | 60 | Smoking Cessation |
| 15 | FQHC | 62 | Education Agency |
| 16 | Chiropractor | 64 | Targeted Case Management |
| 17 | Dentist | 65 | Translator |
| 18 | Dental Hygienist | 66 | Urban Clinic |
| 19 | Podiatrist | 69 | Social Worker |
| 20 | Denturist | 70 | Foster Care |
| 21 | Enteral/Parenteral | 71 | Child Foster Care |
| 22 | Family Planning Clinic | 72 | SPD Transportation |
| 23 | Hearing Aid Dealer | 73 | Home Care Worker |
| 24 | Home Health Agency | 74 | Client Support Services |
| 26 | Hospital | 75 | Case Management |
| 27 | Hospice | 76 | County Services |
| 28 | Indian Health Clinic | 77 | Adaptive Modification |
| 29 | Independent Lab | 78 | Habilitation |
| 30 | Mental Health Personal Care Attendant | 80 | Intermediate Care Facility/Mental Retardation |
| 32 | End-stage Renal Disease Clinic | 81 | Nursing Facility |
| 33 | Mental Health Provider | 82 | SPD Nutritionist |
| 34 | Physician | 83 | Behavioral Consultant |
| 35 | Oregon State Hospital | 84 | Personal Assistant |
| 36 | DME/Medical Supply Dealer | 86 | SPD Nursing Services |
| 37 | Certified Registered Nurse Anesthetist | 88 | Nursing Agency |
| 38 | Advanced Comprehensive Healthcare (Naturopath) | 89 | DD Living Facilities |
| 41 | Midwife | 91 | APD Living Settings |
| 42 | Advance Practice Nurse | 92 | Emergency Response (Lifeline) |
| 43 | Optometrist | 93 | In-home Care Agency |
| 44 | Optician | 97 | Residential Contract Rates |