



SITE ID: 337G

****Required****

MEDICAL OFFICE PROVIDER ENROLLMENT FORM

Please complete and return via email to linda.sheer@trizetto.com

If you are unable to email this form, please fax it to 314-802-6913.

Contact Name:	Phone:
Email:	Fax:

The information provided on this form MUST match what is on file with the payers.

Group Information (if applicable)	Provider Information
Group Name:	First Name:
	MI:
DBA (if applicable):	Last Name:
	Title:
Group NPI:	Individual NPI:
Tax ID:	Specialty:

Service Location Address	Pay To Address (if different)
Street Address:	Street Address:
City, State, Zip +4:	City, State, Zip +4:

***Indicate below the Individual and/or the Group Provider numbers, legacy ID's or PTANS issued by the payers. ***
Although these IDs may not be used on the claims, they are often required for EDI enrollment.

Insurance Company	Payer ID	Group Provider Number	Individual Provider Number
Southwest Orgegon IPA / Western Oregon Advanced Health	DOCSO		

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012



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SOUTHWEST OREGON IPA / WESTERN OREGON ADVANCE HEALTH ENROLLMENT FORM

Please complete and return via email to linda.sheer@trizetto.com

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Provider/Facility Name	
Tax ID	
Oregon Medicaid Provider ID	
6 digit Medicare Provider ID Number for the Facility (1C Medicare Number)	
Vendor (The vendor is the clinic where the payment is to be issued to)	
Physical Address	
Billing Address	
Contact Name	
Contact Phone Number	

If you have questions regarding the required ID's for this enrollment, please contact the payer at 541-269-7400 Ext 122.