

OHA Managed care plan facility/clinic application through EOCCO*

Section 1 > Facility/clinic information

Facility/clinic name			
Physical street address	City	State	ZIP +4
Mailing address (if different from physical address)	City	State	ZIP +4
Phone	County	NPI	
Taxonomy	Tax identification of the organization (TIN)		
State license issued	Licensing board	License number	
License effective date	License expiration date	Organization type	

Section 2 > Ownership disclosure information

Please list names, Social Security numbers and date of birth for CEO, board members and anyone with five percent or more ownership.

Name	Title	Date of birth	Social Security number

* This application does not contract as a network facility with EOCCO.

Ready to submit? Mail, email or fax this form to Moda Health:
Mail: Moda Health Medicaid Services, 601 S.W. Second Ave., Portland, OR 97204
Email: ProviderDMAPApps@modahealth.com **Fax:** 503-265-4790

Questions? Contact Moda Health Medicaid Services toll-free at 888-788-9821. (TTY users, please dial 711.)

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