

OHA Managed care provider application through EOCCO*

Section 1 > Provider information

1. Provider name		
2. Physical street address		3. Mailing address (if different from physical address)
City, state and ZIP+4		City, state and ZIP+4
4. Area code and phone number		5. County
6. Social Security number		7. Date of birth
8. National Provider Identifier (NPI)	9. Taxonomy	10. Tax identification of the organization (TIN)
11. State licensed issued	12. Licensing board	13. License number
14. License effective date	15. License expiration date	16. Organization type

Field instructions >

1. Enter the name of the provider.
2. Enter the provider's physical address where services are provided (not a P.O. Box number).
3. Enter the provider's mailing address if different from physical address.
4. Enter the provider's phone number.
5. Enter the name of the county where the practice or service is located.
6. Enter the Social Security number of the provider (must match IRS records).
7. Enter the date of birth of the provider.
8. Enter the provider NPI (must match National Plan and Provider Enumeration System (NPPES) records).
9. Enter the provider taxonomy code(s). If needed, attach a sheet of paper for additional codes.
10. Enter the provider's federal employer identification number or Social Security number.
11. Enter the state that issued the license for the provider.
12. Enter the licensing board for this provider, as applicable.
13. Enter the provider's license number.
14. Enter the provider's effective date for the license.
15. Enter the provider's license expiration date.
16. Indicate the proprietary nature of the business: sole proprietor, corporation, partnership, or other.
Please explain when "other" is indicated.

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

* This application does not contract as a network provider 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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