



SITE ID: 337G

****Required****

SOUTHWEST OREGON IPA / WESTERN OREGON ADVANCE HEALTH 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.

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.