



Dear Provider,

Performance Health Technology has recently received a claim from your office, billed to one of the plans that we manage. If your office did not bill us directly for primary processing it could be that one of our plans is the secondary insurance and received a claim on your behalf for secondary processing. The NPI(s) number on the claim is not enrolled in Oregon Medicaid. In order to receive payment consideration or credit for an encounter to the State, both submitting and rendering providers must be enrolled in Oregon Medicaid in order to receive payment for services rendered for a Medicaid member. Performance Health Technology will apply on behalf of the provider; however, we will need additional information which is outlined in the form below.

Performance Health Technology will be unable to process any claim until this information has been received and the NPI(s) have been successfully enrolled with Oregon Medicaid. ***According to CMS 42 CFR §431.52 and 42 CFR §447.15b, the member may not be billed for these services; an Oregon Medicaid Number must be acquired in order to receive payment for this claim.***

Please complete the attached form with all necessary information and return it along with your most recent signed and dated W9.

You may also fax this information to 503-315-4138, Attn: PSS or send it via email to [provider.contracts@phtech.zendesk.com](mailto:provider.contracts@phtech.zendesk.com).

Warmest Regards,

Provider Systems



### Plan Information

Plan Name:
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### Claim Information

Claim Number:	DOS:
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### Addresses

Facility/Office Street Address:	
Facility/Office City, State, Zip+4:	
Office Phone:	Office Fax:
Financial Mailing Street Address:	
Financial Mailing City, State, Zip+4:	
Financial Mailing Phone:	Financial Mailing Fax:

### Identification Numbers

*For Rendering Physician(s)*

Name:	NPI: Rendering NPI	
State Medical License (required):	Effective Date:	Expiration Date:
Taxonomy Code:		
State Medicaid Number:	Effective Date:	Expiration Date:
State Medicare Number:	Effective Date:	Expiration Date:
Social Security Number*:	Date of Birth*:	

**\* Required by new CMS rule CMS-6028-FC effective March 25, 2011.**



*For Submitting Provider*

Name:		NPI: Submitting NPI	
Taxonomy Code:			
State Medicaid Number:	Effective Date:	Expiration Date:	
State Medicare Number:	Effective Date:	Expiration Date:	

*Hospitals, Skilled Nursing Facilities, Home Health, and ESRD must fill in your license information below.  
Laboratories please fill in your CLIA number information below.*

Hospital License Number:	Effective Date:	Expiration Date:
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*The following information is required in order to acquire a Medicaid number for NPI Group/Submitting NPI. The following information must be supplied for all owners and officers with a **controlling interest of 5% or more** in the company. If no one person is an owner or has a controlling interest if 5% of more, the following information will need to be supplied for the CEO, COO, or controlling officer in the company. \**

*Please include additional sheets if necessary.*

Name*	Title*	Date of Birth*	SSN*

*\* Required by new CMS rule CMS-6028-FC effective March 25, 2011.*

**\*\*\*\*\* PLEASE INCLUDE YOUR MOST RECENT SIGNED AND DATED W9  
AND A COPY OF YOUR BUSINESS LICENSE \*\*\*\*\***