

## Provider Enrollment Checklist

Before faxing your provider enrollment forms to DHS, make sure you have included the following documentation. Items marked with an asterisk (\*) require an original signature.

### All required forms:

- DHS 3971 – EDMS Coversheet. This form is available on the DHS Web site at <http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf>.
  - Complete Requestor Information fields, including “No. of Pages”
  - Document Type: Mark “Provider Enrollment”
- DHS 3972 – Provider Enrollment Request
- DHS 3973\* – Disclosure Statement for Individual Practitioners OR  
DHS 3974\* – Disclosure Statement of Ownership and Control Interest
- Provider Enrollment Attachment, if applicable. To find out if you need to submit one, go to [www.oregon.gov/DHS/healthplan/tools\\_prov/enroll-forms.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/enroll-forms.shtml).
  - \* School Medical and Targeted Case Management attachments require an original signature.
- DHS 3975\* – Provider Enrollment Agreement

### All required documentation requested on these forms, such as:

- Copy of current professional or business license(s), if applicable.
- Copy of identification
  - Individual practitioners – Social Security card
  - Entities, agencies, facilities and organizations -- IRS confirmation letter showing your Employer Identification Number and the associated name. DHS will also accept a copy of your Federal Tax Deposit Coupon (Form 941-V).
- Out-of-state providers:** Attach the claim(s) and copy of business/professional license that covers the dates of service on the claim(s).

### **DMAP providers:**

Fax to DHS Office of Document Management at 503-378-3074

### **AMH providers:**

Mail to AMH, 500 Summer St NE E84, Salem OR 97301