



## Register your National Provider Identifier (NPI) with DMAP

<b>Provider name</b>	<b>Address</b>	<b>City, State, Zip</b>
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>
<b>Tax ID</b>	<b>DMAP ID No. (required)</b>	<b>NPI (required)</b>
<b>Taxonomy code(s) (required)</b>		
Do you submit claims electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like more information about DHS electronic claims processing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Return your completed form to:  
 DHS Provider Enrollment  
 DMAP Operations  
 500 Summer St. NE, E-44  
 Salem, OR 97301-1079  
 —or—  
 Fax to 503-947-1177  
 —or—  
 Complete form, save and E-mail  
 to [providerenrollment@state.or.us](mailto:providerenrollment@state.or.us)

**Questions?** Contact  
 1-800-422-5047

If you have forgotten which  
 taxonomy codes you chose,  
 call the NPPES at 1-800-465-3203.