



UMPQUA HEALTH

Contracted Clinic/Facility Information Form (PIF)

New Clinic/Facility – Clinic/Facility Update

NEW FACILITY/CLINIC: <input type="checkbox"/>	FACILITY/CLINIC UPDATE: <input type="checkbox"/>	FACILITY/CLINIC TERMINATION: <input type="checkbox"/>
Effective Date:	Date Form Completed:	Form Completed By:

Group Affiliation:			
Facility/Clinic Name:			
Office Street Address:			
City:		State:	Zip Code:
Office Phone #:		Office Fax #:	
Website:		Provider's Office Email:	
Days and Hours of operation including any lunch closures:			
Office Contact Name, Title, Phone # and Email:			
Office Mailing Address:			
City:		State:	Zip Code:

Facility/clinic NPI:	Facility/clinic Taxonomy:
Facility/clinic TIN:	Facility/clinic DMAP

Accepting: OHP Pts: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Pts: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age range of patients accepted, if range differs by provider please list by provider:	
Is your office ADA compliant?	

IMPORTANT: Please attach a provide a roster of providers assigned to this clinic (include provider's (a) full name, (b) license, (c) languages spoken other than English, (d) new Patient Limit and (e) age range served).

COMMENTS / NOTES:	
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Forward Completed Form to:

Umpqua Health Network
Attn: Credentialing Specialist
Via Email: UHNProviderServices@UmpquaHealth.com
Via Fax: (541) 229-4782
Ph: (541) 229-7067

For UHA use only: Include in Provider Directory: <input type="checkbox"/> Yes <input type="checkbox"/> No	Update to Provider Directory: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Type:	Reimbursement Methodology:
Updated Cactus Database:	Internal Use Only: Contracting / Credentialing
For PhTech use only: Date Received from UHA:	