EOCCO Provider Interest Form for In-Network Participation

Instructions: This form should be typed or completed legibly in blue or black ink. If you need additional space, please attach additional sheets, which reference the question(s) being answered.
Once completed, submit this document to contracts@gobhi.org

Provider Identification	
Legal Business Name:	Doing Business As (DBA) (if applicable):
Tax Identification Number:	Provider NPI Number:
Telephone Number:	Email Address:

Please list the address for the location(s) where the additional services are to be provided.
Use additional pages if necessary.

Organization Location			
Facility Name:	Street Address:		
City:	State:	ZIP Code:	County(s) Served:

☐ Participating Medicare provider?	Medicare Number:
☐ Participating Oregon Medicaid provider?	Medicaid Number:

Please list the types of services/procedure(s) and procedure code(s) that the provider would like to provide:

Procedure(s)/Service(s):	Procedure Code(s):

*What licenses or certifications do you hold?

The provider must provide verification of all certifications and licenses required to provide the service upon application.

Please identify the spaces of this office that are ADA compliant:	☐ Entire Facility ☐ Limited ☐ None
Office Hours of Operation:	Languages spoken by staff:
	Bi-lingual staff and practitioners: (Please indicate languages).
Certified language interpretation available at this site?	☐ Yes ☐ No
Material available in alternate formats (audio, braille, large print, etc.)? ☐ Yes ☐ No	

How many years has the practitioner been licensed?

Does your organization have any licence or organization disciplinary actions? Yes   No

Yes Is your organization on the OHA approvals CLSS list?   Yes   No

Is your organization an OHA approved integrated co-occuring disorders program?   Yes   No

How Many EOCCO members does your organization have the capacity to serve?

Is the practitioner (s)/provider Part of, and/or provides services to the BIPOC population?   Yes   No

How does your organization provide services? In person   Telehealth   Both

How many EOCCO members does your organization currently serve out of network?

Does your organization provide any of the following services? Please check all that apply.

Psych Testing

PHP/IOP   .

SUD Mat services

Medical Detox

Adolescent residential/PHP/IOP treatment

Residential, PHP or IOP eating disorder treatment.