

Provider Office Closure Notification Form



If you are a contracted CareOregon Behavioral Health provider and one of your currently contracted office locations is closing and not relocating, or will no longer be offering services to CareOregon members, please complete this form.

If the office is being **REPLACED** by a new office, please complete the **Provider Address Addition/Relocation form** instead.

Please type or print clearly

Organization or provider name: _____

Date form completed: _____

Contact name and email: _____

Office Closure Information

Name of office: _____

NPI/TIN/EIN: _____

Street address: _____

City, state, ZIP: _____

Date of office closure: _____

Are all practitioners at this location
relocating to a different location? Yes No

(If **no**, please email a full updated roster with new
location to: BHProviderDataUpdates@careoregon.org)

If you have questions about this form or your existing contract with CareOregon, please contact Provider Customer Service at 800-224-4840.

Please return completed form to BHProviderDataUpdates@careoregon.org for processing.

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