ODS Health Plan, Inc.
Report of National Provider ID Assignment

Healthcare Provider Name: ____
OR
Clinic Name: ____
(Attach Clinic roster with Provider Name and individual NPI's)

Tax ID number: ____

National Provider ID: ____________________ Date of Assignment: ___________

OMAP ID Number: _____________________

Medicare ID Number:____________________

Address: ____

City: ____________________State:_____________ Zip Code:_______________

Telephone Number: ____

Please send to:

ODS Health Plan, Inc
Medical Professional Relations
601 SW 2nd Ave
Portland, OR 97204

Contact person: Rachel Davis
Medical PR Contract Specialist
Phone: 503-228-6554 ext. 1206
800-852-5195 ext. 1206
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Email: davisra@odscompanies.com