



Pathways Provider Office Closure Notification Form

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

If the office is being **REPLACED** by a new office, please complete the [Pathways Provider Address Relocation Form](#) instead.

Please type or print clearly

Provider Name:

Date Form Completed:

Contact Name & Email:

Office Closure Information

Name of Office:

Street Address:

City, State, and Zip:

Date of Office Closure:

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

If you have questions about this form or your existing contract with Health Share, please contact our Contracting and Provider Network Development Department at 971-334-8056 or providers@healthshareoregon.org.

Please return completed form to providers@healthshareoregon.org for processing.