

If you are a contracted Health Share Pathways provider and are changing office locations, please complete this form and submit it to Health Share **at least 30 calendar days in advance of your office relocation.**

Please type or print clearly

Provider Name:

Date Form Completed:

Previous Office Information

Name of Office which is closing:

Address of Office which is closing:

Date Office is closing:

New Office Information

New Office Name:

New Street Address:

New City, State, Zip:

New Phone:

New Fax:

What day is this new office opening?

Will services rendered at this location be billed using the same NPI as your previous location?

Yes No

If billing with a different NPI, please supply it below:

NPI for New Office:

N/A

Is this location ADA Accessible? Yes No

If this location is not ADA accessible, how do you accommodate clients who require ADA accommodation?

Continued on next page

What are the office hours for the new location (Please include days and hours)?

Foreign languages in which full spectrum of services can be offered at new location (including ASL)?

No Foreign Languages Spoken at Location

Culturally Specific Focus at Location (if applicable)

Please check only culturally specific foci in which providers at this location have experience and training for treating members within their specialty:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Native American /Alaskan Native	<input type="checkbox"/>	Hawaiian/ Pacific Islander	<input type="checkbox"/>	LBGTQ+
<input type="checkbox"/>	Other (please specify):				

On the next two pages, please indicate which services are offered at the new office location in accordance with your Health Share contract.

Continued on next page

Type(s) of Mental Health Services Offered at Location which are represented in your Health Share Agreement as a Covered Services & Compensation Addendum:

Mental Health Services

Service Type <i>(check all that apply)</i>	Age(s) Served* <i>(check all that apply)</i>			
<input type="checkbox"/> ABA	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> ACT			<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> CBIT	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> Crisis Stabilization	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> DBT - Fidelity	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Eating Disorder-Partial Hospitalization	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Eating Disorder-Residential	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> IDD Medication Management	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Inpatient Psychiatric Hospitalization	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Mental Health IOP/Partial Hospitalization			<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Mental Health Outpatient	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Mental Health Outpatient: SPMI			<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Medication Management	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Psychiatric Day Treatment Services	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Child	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Respite Services	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		
<input type="checkbox"/> Sub-Acute Services	<input type="checkbox"/> Child	<input type="checkbox"/> Youth		

***Child:** Ages 0-5 | **Youth:** Ages 6-17 | **Adult:** Ages 18-64 | **Older Adult:** Ages 65 and up

No Mental Health services offered at this location

Type(s) of Substance Use Disorder Services Offered at Location which are represented in your Health Share Agreement as a Covered Services & Compensation Addendum:

Substance Use Disorder Services

Service Type (check all that apply)		Age(s) Served* (check all that apply)							
<input type="checkbox"/>	SUD Dual Diagnosis Residential (Level 3.5)	<input type="checkbox"/>	Child	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD High Intensity Medically-Monitored Residential Treatment Services (Level 3.7)					<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD Medication Assisted Treatment (Opioid Treatment Program)					<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD Medication Assisted Treatment (Office Based Opioid Treatment)					<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD Outpatient (Levels 1 and 2.1)	<input type="checkbox"/>	Child	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD Partial Hospitalization/Day Treatment (Level 2.5)	<input type="checkbox"/>	Child	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD Residential Treatment	<input type="checkbox"/>	Child	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults
<input type="checkbox"/>	SUD Withdrawal Management / Detox (Level 3.7-WM)	<input type="checkbox"/>	Child	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Older Adults

***Child:** Ages 0-5 | **Youth:** Ages 6-17 | **Adult:** Ages 18-64 | **Older Adult:** Ages 65 and up

No Substance Use Disorder services offered at this location

If any of your administrative offices change changed (billing, mailing, etc), please complete and submit the Pathways Provider Administrative Address Update Form as well.

If the address on your W9 has changed, please include an updated current W9 along with this notice.

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 submit all pages of the completed form and pertinent supporting documents to providers@healthshareoregon.org at least **30 calendar days in advance of your office relocation**.