

Health Share of Oregon
Member Out of Area Notification

Purpose:

Complete form when a Health Share of Oregon member is receiving services temporarily out of area and will require coordination of primary care, mental health, substance use disorder and/or dental care services. Use the form to notify of return to Health Share service area.

Instructions:

Complete form and send via secure email to Customer Service:

[#Customer_Service@healthshareoregon.org](mailto:Customer_Service@healthshareoregon.org).

Health Share will notify Out of Area Coordinators at each health plan.

Name:

Request (today's) date:

Plan:

Contact phone:

Contact email:

Member ID:

Member First Name:

Member Last Name:

Member Middle Name:

Member SSN:

Member DOB:

Service Type: (BRS, PRTS, A&D Residential, AMHI Residential)

Provider:

Location:

Contact Phone:

Admit Date:

Estimated Length of Service:

Discharge Date:

Primary service need:

Secondary service need:

Additional notes: