



Department of Consumer and Business Services

Oregon Insurance Division — 4

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[www.insurance.oregon.gov](http://www.insurance.oregon.gov)

**Provider Network Contract  
Registration Form**

Name of entity

Domicile

Date established

FEIN number

Mailing address line 1

Address line 2

City

State

ZIP

Phone number

Fax number

Email address

Physical address line 1

Address line 2

City

State

ZIP

Phone number

Fax number

Email address

Administrative contact person

Mailing address line 1

Address line 2

City

State

ZIP

Phone number

Fax number

Email address

Signature of owner / principal

Date

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
Credit card number		Expiration date	
Name of cardholder as shown on credit card			
Cardholder signature		\$	Amount

**Make check or money order payable to:  
Department of Consumer and Business Services.**

**Mail registration with payment to:**

DCBS — Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

**Secure fax for credit card payments:**

**503-947-2333**

If paying by credit card, applicant must sign  
credit-card information box.

**Fiscal use only: 92010/1010**

**Fee: \$150.00**



440-1084 (11/13/COM)