

Department of Consumer and Business Services

Division of Financial Regulation
P.O. Box 14480, Salem, Oregon 97309-0405
Phone: 503-947-7984, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
dfr.oregon.gov

Report of Prompt Payment Data

Report for calendar year:	NAIC number:
Company name:	
	Title:
Phone:	Email:
Number of health benefit plan calendar year:	claims for which final disposition was made during the
	claims included in Item 1 for which the final disposition the date on which the claim was received:
Please note – Each claim should	only be reported one time. Do not include credits or adjustments.
using the TOI (type of insurance)	required population list for the claims described in Item 2 through SERFF) "Annual Required Reports" and the sub-TOI "Prompt Pay." Alternatively, ness Analytics team at DFR.DataTeam@dcbs.oregon.gov .
	nitted as an Excel or text file. If preferred, DFR staff can initiate a secure nformation. Email DFR.DataTeam@dcbs.oregon.gov for additional direction
The Prompt Payment rep	representative also attests the following statements: bort has been reviewed for accuracy in accordance with ORS 731.260 and all nistrative Rules and Oregon Revised Statutes.
	ete and accurate in accordance with OAR 836-080-0080, OAR 836-080-
No credits or adjustment	is specific to health benefit plan business as defined in <u>ORS 743B.005</u> . s have been included in the count of health benefit plan claims for which de during the calendar year.
 All claims reported have was received. 	a final disposition greater than 30 days after the date on which the claim
	ons for compiling and reporting data required for the Prompt Payment report ough detail to ensure that consistent and accurate information is submitted.
Signature	Date

