



CLAIMSCAPE PROVIDER PORTAL ACCESS REQUEST
Please fax to: 541-298-7996 or SECURE email: claims@gobhi.org

Choose an item:

Date of request:

First Name:	Last Name:
Your email address:	Position Title:

Office/Facility Name:	Tax ID:	NPI:
Address:	City:	State/ZIP:
County:	Office Phone:	Office Fax:

Access Type Needed: <i>check all that apply</i>
Eligibility Verification: <input type="checkbox"/>
View Authorizations: <input type="checkbox"/>
Billing Submission: <input type="checkbox"/>
Description: <i>please enter details of your request here</i>

Please call our office at 541-705-4994 if you have any questions.