

Legal Assistance

OREGON VETERAN DIRECTED CARE PROVIDER INFORMATION FORM

TO BE USED FOR AGENCIES, INDEPENDENT CONTRACTORS, AND VENDORS.

Instructions: Please select the appropriate response below and follow the instructions as indicated. Please submit the completed form to **Premier Financial Management Services** (Premier FMS) via one of the following options below:

STHIS A NEW PROVIDER REQUEST OR A CHANGE REQUEST? (Select one) Request for new provider: Please fill out the whole form. Request to change a provider's information: Please fill out the provider's type, name, and address. You may add additional information as you see fit. For a vendor, use this to request additional good/service types to be added on Portal. PROVIDER INFORMATION: (Required information in order for PPL to credential an agency of Independent Contractor, or set-up a new Vendor.) Provider Type: (Select one)	Mail: 10425 W North Ave. Suite 345 Milwaukee, WI 53226	Email: ORVSDP@premier-fms.com	Fax: 1-855-571-7670	
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Name:		rmation in order for PPL to cred	ential an agency of Independent Contractor	
Address:	Provider Type: (Select one)	☐ Independent Contr	actor	
Phone Number: Email Address: (Optional) Contact Name: (Optional) SERVICES INFORMATION: (Which good/services does this provider plan to provide? Check all that apply.) Treatment and Health Maintenance Co-pay for medical appts & RX Transportation - Bus Nision Services Audiology Services Dental Services Transportation - Cab Dental Services Transportation - Mileage Home Delivered Meals Preventative Health Care Home Delivered Meals Physical Therapy Mental Health Care Home Delivered Meals Physical Therapy Occupational Therapy Alternative Therapy Speech & Language Pathology Dietitian Dietitian Employee Education/Training Employee Education/Training Computers/Electronics Personal Assistance & Support Health Club Membership Services - via Agency Mobile Personal Grooming Food - Special Diet Other Consumer Goods	Name:			
Email Address: (Optional) Contact Name: (Optional) SERVICES INFORMATION: (Which good/services does this provider plan to provide? Check all that apply.) Treatment and Health Maintenance	Address:			
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