Thank you for your interest in PacificSource Health Plans. As you may know, PacificSource was founded in 1933 by a group of physicians in Eugene, Oregon. With a reputation for taking great care of people, PacificSource delivers healthcare solutions to businesses and individuals throughout the Northwest. We're an independent, not-for-profit community health plan that values partnership, service excellence, community, and personal relationships.

As part of our commitment to quality healthcare, all PacificSource participating providers must be credentialed according to our credentialing policies. To initiate the credentialing process, we require the following information:

- A completed Provider Interest Form (enclosed)
- A completed W-9 Form (enclosed)
- For each practitioner:
  - A completed Oregon Practitioner Credentialing Application (enclosed). PacificSource does not use the CAQH
  - Current copy of practitioner's professional liability face sheet
  - Current copy of practitioner's license
  - Current copy of practitioner's DEA certificate(if applicable)
  - PTAN and DMAP numbers (if contracting for Medicare and Medicaid)
- Physician Assistants: Oregon Board of Medical Examiners Practice Description Agreement or IMB Approval Letter
- DME Suppliers: A current copy of your DME CMS Approval Letter

Along with the documents listed above, please send any additional information you feel would help us better analyze your request.

Once we have received and reviewed your information, you will be contacted by a Provider Contract Representative to discuss participation.

If you are applying to our Medicare Advantage Plans, please note that reimbursement rates are based on CMS payment methodologies, which may differ from our commercial agreements. For participation eligibility for our Medicare Advantage plans, see Medicare Advantage Participation Requirements, which can be found in our Medicare Provider Manual, section 4.3.

Thank you in advance for your help with this process. If you have any questions, you are welcome to contact the Provider Network Department by phone at (541) 684-5480, or toll-free at (800) 624-6052, ext. 2580.