



APAC-3: Request for Exception to Healthcare Claims Data Submission Requirements

Use this form to request exceptions to submission requirements, including extensions to the submission deadlines published in Schedule A and exceptions to required lines of business. PLEASE NOTE: waivers are valid for one year from the date of acceptance unless otherwise specified.

Reporting entity name: _____

Contact information:

Name: _____

Title: _____

Phone: _____

Email: _____

Mailing Address:

Street: _____

City: _____

State: _____

Zip: _____

Specify data file(s):

- Medical claims
- Medical eligibility
- Medical provider
- Pharmacy claims

Specify exception(s) requested and provide supporting details. Attach additional pages if necessary:

The undersigned certifies that the information in this waiver request is accurate and true. The undersigned also agrees to promptly notify the Office for Oregon Health Policy and Research of any changes which may require this waiver request to be amended or revoked.

Signature

Date

Return completed form to apac.admin@state.or.us.

Completed form may also be printed and mailed to:
Research and Data Manager
Office for Oregon Health Policy and Research
1225 Ferry St SE, First Floor
Salem, Oregon 97301