SCREENWISE BILLING CONTACT INFORMATION

DATE:_____ NAME OF AGENCY:_____

BILLING CONTACT PERSON:_____

EMAIL ADDRESS:_____

PHONE NUMBER:_____

EOB (EXPLANATION OF BENEFITS) CONTACT PERSON:

_____

EMAIL ADDRESS:_____

PHONE NUMBER:_____

Please fax completed form to 971-673-0997 or

e-mail to screenwise.info@dhsoha.state.or.us

Questions? Please call 971-673-1060