



Oregon ScreenWise Program

Phone: 971-673-0581 • Email: ScreenWise.info@dhsoha.state.or.us
www.healthoregon.org/screenwise

How to Submit Claims

Enrolling Providers can use the **OPTIONAL**  [ScreenWise Claim Form for Enrolling Providers](#). This document is available as a tool for billing covered Breast, Cervical, and Genetics services. It is not required. Providers are encouraged to submit claims in the manner that best works for their clinic.

Send claims to ScreenWise, *Attention: Billing*

- Email:
 - First, access the State of Oregon's secure / encrypted server to email patient data and claims to us: <https://secureemail.dhsoha.state.or.us/encrypt>
 - Then, using the link, send your email to: ScreenWise.Info@dhsoha.state.or.us
 - Don't include the patient's name in the subject line
- Fax: 971-673-0997
- Mail: ScreenWise, 800 NE Oregon St., Suite 370, Portland, OR 97232