

# Doula THW Provider Enrollment form



This form is to collect individual doula provider enrollment. If a doula is part of a hub, please use the Traditional Health Worker Enrollment form that includes organizational information on your hub on page 1 and THW information on page 2.

Please email completed forms to [ProviderUpdates@careoregon.org](mailto:ProviderUpdates@careoregon.org)

## Individual Doula Enrollment form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN (no dashes): \_\_\_\_\_ Individual NPI (type 1): \_\_\_\_\_

Male  Female  Non-binary

Taxonomy code:  
\_\_\_\_\_

Oregon Medicaid ID:  
\_\_\_\_\_

Are you currently on the OHA THW registry?  Yes  No

What is the THW's ethnic or racial identity?

American Indian  Alaskan Native  Asian  Black or African American  Hispanic/Latino

Native Hawaiian  Pacific Islander  White

Does THW identify as someone living with a disability?  Yes  No  Decline to answer

What counties will you serve?

Clackamas  Clatsop  Columbia  Jackson  Multnomah  Tillamook  Washington

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE:** Please indicate below if you would like this to be shared with members.

Preferred contact method:

Email \_\_\_\_\_  Phone \_\_\_\_\_

Other \_\_\_\_\_

Do you have a website you would like to share? \_\_\_\_\_

Are you accepting new members?  Yes  No

What contact information would you like shared externally with members and providers?

Email \_\_\_\_\_  Phone \_\_\_\_\_

Web address \_\_\_\_\_  Other \_\_\_\_\_

CareOregon partners with BetterDoctor for quarterly provider directory validation. Contracted offices will receive an email, a fax or a mailed letter with a key to be entered into their proprietary portal for provider demographic validation. CareOregon wants to ensure our provider directory is current and accurate for our providers and members. Contracted provider support in this quarterly validation is required.

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