

Oregon Health Plan and Healthy Kids Application Order Form

(Orders are shipped within 5 business days)




Required information*			
Organization/Facility name/Branch name*			Date stamp/Facility code/Branch number*
Name*			Telephone*
Email*		State*	
Street address* (sorry no P.O. Boxes)		City*	ZIP*


Application: (OHA 7210 packet)
 Suggested minimum order quantity = 25 packets.
 Please select the quantity you would like to order below:

County Comparison chart: (OHA 9031)
 To view, download or print the county comparison chart, please visit:
<http://www.oregon.gov/OHA/healthplan/managed-care/plans.shtml>
The charts are reviewed monthly and updated as needed.
 If you would like printed copies, please select from below:

Language	How many would you like to order?
English	
Spanish	
Russian	
Vietnamese	

County	Language	How many would you like to order?

 **Please use the buttons below to send your completed form.**



If you would like to fax your order, send to: 503-378-2828
Thank you for your order!

If you have additional questions or need assistance with your order, please email ocemailroom@oce.oregon.gov.

