

**American Indian / Alaska Native**  
**Oregon Health Plan Enrollment Status Change Request**

American Indian or Alaska Native clients: Please use this form to start or end your fee-for-service (FFS or “open-card”), coordinated care organization (CCO) or other enrollment (such as dental plan enrollment).

- Send this completed form to your worker, or
- Scan and send the completed form via secure e-mail to [HNATribal.Requests@odhsoha.oregon.gov](mailto:HNATribal.Requests@odhsoha.oregon.gov).

Please allow 2 weeks for processing, or mark the EXPEDITE box for faster processing. To check status, call OHP Customer Service at 1-800-699-9075.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

Oregon medicaid ID: \_\_\_\_\_ (as shown on your Oregon Health ID)

I would like to change my current enrollment as follows. For each service type, mark your current enrollment in the “Change from” box and requested enrollment in the “Change to” box:

Service type	Change from:	Change from:	Change to:	Change to:	CCO/plan name
	from: FFS	Enrolled	FFS	Enrolled	
Medical					_____
Dental					_____
Mental health					_____

**Please expedite**—Check this box for urgent requests that require faster processing

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Signature of Client or Client Representative - Representative must have proof of legal authority to sign for this client

Date:\_\_\_\_\_

Relationship of client representative to client:\_\_\_\_\_ Phone:\_\_\_\_\_

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ONE Customer Service Center at [Oregon.Benefits@odhsoha.oregon.gov](mailto:Oregon.Benefits@odhsoha.oregon.gov) or 1-800-699-9075 (voice/text).

We accept all relay calls