

Oregon Health Plan Application Order Form

(Orders are shipped within 5 business days)

Required information*

Organization/Facility name/Branch name*		Date stamp/Facility code/Branch number*	
Name*		Email*	Telephone*
Street address* (Sorry, no P.O. boxes)		City*	State* ZIP*

Application: (OHA 7210 packet)

Suggested minimum order quantity = 25 packets.

Please select the quantity you would like to order below:

Language	How many would you like to order?
English	
Spanish	
Russian	
Vietnamese	
Somali	
Simplified Chinese	
Traditional Chinese	
Arabic	

County-specific information

To view, download or print the CCO information for a specific county, please visit bit.ly/ccoplans.

If you would like printed copies, please select from below:

County	Language	How many would you like to order?

Please use the buttons below to send your completed form.



Thank you for your order!

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