



**P.O. Box 4327
Portland, OR 97208-4327**



ProvidenceHealthAssurance.com/OHP

Changing Your Records

PLEASE COMPLETE THIS FORM TO CHANGE YOUR RECORDS

P.O. Box 4327, Portland, OR 97208-4327

Member Information

Name: _____ ID #: _____

Address: _____

Date of _____

Birth: _____ Phone number: () _____

What change would you like us to make to your records?

Why would you like us to make this change?

Notification

- We will send you a letter telling you if we will make the change you have requested.
- We will send you a letter if we need more than 60 days to consider your request.
- We do not have to change the record. If we choose not to change the record, your letter will tell you what steps you can take.
- If we do change the record, we will send the change to any person that we know have the unchanged information in their records.

Signature

Signature: _____

Date: _____

Relationship to the member: _____

You can get this form in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 800-898-8174 or TTY:711. We accept relay calls.

[Non-discrimination & Communication Assistance | Providence Health Plan](#)