# Addendum to the OPCA/OPRA

| Identifying Information: | | | |
|---|---|---|---|
| First Name: | | Last Name: | |

| Are you currently accepting new patients for: | | | | | | |
|---|---|---|---|---|---|---|
| AgeRight Medicare Advantage | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| Atrio Medicare Advantage | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| HealthNet Commercial | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| HealthNet Medicare Advantage | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| Majoris Workers Comp | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| PacificSource Commercial | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| PacificSource Community Solutions | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| PacificSource Medicare Advantage | Yes | ○ | No | ○ | Existing Patients Only | ○ |
| Yamhill Community Care Organization | Yes | ○ | No | ○ | Existing Patients Only | ○ |

| Does the provider currently have any of the following practice restrictions for patients? Please indicate if any apply: | | | | | | |
|---|---|---|---|---|---|---|
| Gender Limitations | Female Only | ☐ | Male Only | ☐ | Pregnant Women Only | ☐ |
| Age Restrictions | Over 18 Only | ☐ | Under 18 Only | ☐ | Other (please specify): | |

| Clinic/Group NPI (Please list for each practice location, if applicable): |
|---|
| |

| Clinic Office Hours: | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mon | | Tues | | Wed | | Thurs | | Fri | | Sat | | Sun | |

| For Specialists & PCP's: How are your patients admitted to the hospital, when the need arises? Please indicate the appropriate selection. | |
|---|---|
| ☐ | I currently have admitting privileges as indicated on the application. |
| ☐ | The following provider/group admits on my behalf (Please list): |
| ☐ | I use the hospitalists at this hospital (Please list): |

Updated 9/2/2026

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The following **optional** questions are included to meet National Committee for Quality Assurance (NCQA) standards.

| | |
|---|---|
| Race: | |
| Ethnicity: | |
| Language(s): | |

WVP does not discriminate in credentialing or re-credentialing decisions based on race, ethnicity, religion, national origin, gender, age, sexual orientation, or language.

If you prefer not to answer, please check the box below and acknowledge receipt of this addendum by signing below.

☐ Prefer not to answer

| Applicant signature | Printed Name | Date |
|---|---|---|

Updated 9/2/2026