# Health Care Market Oversight (HCMO) Program HCMO-1a: National Provider Identifiers

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Complete this form if the proposed material change transaction involves entities that are associated with National Provider Identifiers (NPIs). Submit the completed form in a portable document form (pdf) to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov). Information provided in this form will not be posted publicly.

List all organization NPIs associated with each entity in the table format below (similar to the data structure of the National Plan and Provider Enumeration System NPI Registry). Include organization NPIs for any clinics, facilities, service locations, operating companies, or subsidiaries involved in providing services to people in Oregon. Do not provide individual provider NPIs. Please add tables, as needed, for other parties to the material change transaction that have associated NPIs.

## NPIs associated with Party A

Entity Name: Click or tap here to enter text.

| **NPI** | **Name** | **Primary Practice Address** | **Primary Taxonomy** |
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## NPIs associated with Party B

Entity Name: Click or tap here to enter text.

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Please add additional tables for other parties to the proposed material change transaction that have associated NPIs.

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