



Oregon ScreenWise Program

Phone: 971-673-0581 • Email:
ScreenWise.Info@odhsoha.oregon.gov
www.healthoregon.org/screenwise

How to Submit Claims

Enrolling Providers can use the **OPTIONAL [ScreenWise Screening Service Claim Form](#) or [Diagnostic Service Claim Form](#)**. This document is available as a tool for billing covered Breast and Cervical Cancer Screening and Diagnostic Services. It is not required. Providers must submit claims via secure e-mail or by FAX.

Send claims to ScreenWise, *Attention: Billing*

- Email:
 - First, access the State of Oregon's secure / encrypted server to email patient data and claims to us:
<https://secureemail.dhsoha.state.or.us/encrypt>
 - Register your email address
 - Create a password
 - Then, using the link, send your email to:
ScreenWise.Info@odhsoha.oregon.gov
 - Don't include the patient's name in the subject line.
 - **Fax: 971-673-0997**