



Oregon

Theodore R. Kulongoski, Governor

Office for
Oregon Health Policy & Research
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APAC-3: Request for Exception to Health Claims Data Submission Requirements

Reporting entity name: _____

Contact information:

Name: _____

Title: _____

Phone: _____

Email: _____

Mailing Address:

Street: _____

City: _____

State: _____

Zip: _____

Specify data file(s):

- | | |
|--|---|
| <input type="checkbox"/> Medical claims | <input type="checkbox"/> Pharmacy claims |
| <input type="checkbox"/> Medical eligibility | <input type="checkbox"/> Pharmacy eligibility |
| <input type="checkbox"/> Medical provider | |

Specific exception(s) requested (if an extension is requested, please specify the proposed completion date):

Specific reason(s) for request (attach additional pages if needed):

The undersigned certifies that the information in this exception request is accurate and true. The undersigned also agrees to promptly notify the Office for Oregon Health Policy and Research of any changes which may require this exception request to be amended or revoked.

Signature

Date

Return completed form to:
Research and Data Manager
Office for Oregon Health Policy and Research
1225 Ferry St SE, First Floor
Salem, Oregon 97301