



Oregon ScreenWise Program

Phone: 971-673-0581 • Email: ScreenWise.info@state.or.us

www.healthoregon.org/screenwise

How to Submit Claims

Enrolling Providers can use the **OPTIONAL**  [ScreenWise Claim Form for Enrolling Providers](#). This document is available as a tool for billing integrated Breast, Cervical and Cardiovascular services. It is not required. Providers are encouraged to submit claims in the manner that best works for their clinic.

Send claims to ScreenWise, *Attention: Billing*

- Fax: 971-673-0997
- Mail: 800 NE Oregon St., Suite 370, Portland, OR 97232
- Email: ScreenWise.Info@state.or.us

If you email, please note that your clinic is responsible for ensuring that you are following HIPAA guidelines.