

## **Instructions for Submitting Provider Training Requests**

Requests for training/education should be made in writing (see enclosure) to the Provider Education Coordinator. Consideration will be given to request that are consistent with the Reimbursement Department's main focus, as well as the Provider Education Coordinators.

### **Method of delivery for request(s):**

Requests for educations/trainings may be sent electronically, interoffice envelopes or by regular mail to the Provider Education Coordinator.

Address for sending by mail: Samaritan Health Plan Operations  
Provider Education Coordinator  
815 NW Ninth Street  
PO Box M  
Corvallis, OR 97330

### **Response Time**

Please allow 7 business days for a response to a request(s). In the event the Reimbursement Department has numerous requests, the Provider Education Coordinator will properly inform the requestor the status of their request(s) through means of communication (i.e. telephone, electronically, and/or a letter).

### **Completing the Education/Training Request Form**

Each field needs to be addressed completely. Fields cannot be left blank. Fields that are incomplete will only delay the response process; potentially a form can be sent back to the requestor in the occasion the Provider Education Coordinator is unable to determine a need for a training/education. The form should be legible and thoroughly explain why the Provider Education Coordinator services are needed to address the issue. Sign and date the request form. Doing so ensures the Provider Education Coordinator addresses each request in the order the form was received.

# Education and Training Request Form

<b>Contact Name and Title:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	<b>Fax Number:</b>
<b>Organization:</b>	<b>Priority:</b>
<b>Address:</b>	

What does the subject need to be addressed by the Provider Education Coordinator?

What is the purpose of this training/education?

(Customer/Member Services Only): Claim number and information from FACETS:

Other comments:

<b>Signature:</b>	<b>Date:</b>
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