Insert your company name
Address
Telephone number
Email address

NOTICE OF INTENT TO FORM A MANAGED CARE ORGANIZATION

To the Department of Consumer and Business Services:

According to ORS 656.260(10) and OAR 436-015-0010, the people listed below provide notice that they have entered into discussions or negotiations with the intent to form a managed care organization (MCO).

In doing so, we provide the department with the following information:

1) Those who will participate in discussions intended to result in the formation of an MCO. If the person is a member of a closely held corporation, include the identity of the shareholders (attach additional pages as necessary):

2) Name, address, and phone number of a contact person for this Notice of Intent:

3) Summary of the information being shared during discussions preceding the application for MCO certification. (Provide information in a separate document and attach to this form.)

Name: _____ Title: _____

Signature: _____ Date: _____

Send completed form and any attachments to:

Department of Consumer and Business Services
Workers' Compensation Division
Managed Care Program
P.O. Box 14480
Salem, OR 97309-0405
Questions? Call 503-947-7650