

INVOICE FORM COMPLETION INSTRUCTIONS

Invoices are paid for work completed in the **previous quarter**. While the Oregon Health Authority (OHA) strives to process payments as quickly as possible, please allow **up to 60 days** from the date your invoice is received for payment to be issued.

Please use the checklist below to ensure your invoice is complete:

Provider Name: Enter your full legal name.

Contract Number: Enter the contract number found on the first page of your OHA contract.

Qualified Practice Site Name: Enter the full name of your practice (abbreviations are acceptable if the name is long)

Provider Service Hours: Please mark the full-time or part-time option that best reflects the average weekly hours of **direct patient** care you provided during the program's previous quarter. (Direct patient care includes activities such as charting, medication management, follow-ups, and consultations.)

Please Pay: Enter the quarterly award amount listed in your contract. If you were on leave during the quarter, your disbursement may be adjusted (see your approval email for details).

File Attachments:

Please attach files (e.g., PDFs) to your email. Our firewall may block **.jpeg** and certain image files, and it will always block images embedded directly in the email body.

Reminder:

If you anticipate any changes to your **contact information, practice site, position, EFT details, or time away from the program**, please notify the Oregon Office of Rural Health (ORH) as soon as possible. Timely updates prevent contract breaches.

For any questions or assistance, contact ORH at ruralworkforce@ohsu.edu