

Instructions for completing the ODS Advantage Enrollment Application

Print two copies of the Application.

- One application is to be sent in to ODS Advantage for your enrollment
- The second copy is for your records
- Fill out the application completely
- Sign and Date the application
- Make a copy of your Medicare card and attach to the application
- Fax all pages to 503-224-1975 Attn: Medicare Billing and Eligibility
- Mail application to:

ODS Health Plan, Inc.
Attn: Medicare Billing and Eligibility – ODS Advantage
601 S.W. Second Ave. Ste. 900
Portland OR 97204-9748

Thank You

We Are Here to Help You