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**OKLAHOMA**  
Health Care Authority

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## **Notification of Date of Service (NODOS)**

Submission Form

Please fill out the form below and email to [\*\*NODOS@okhca.org\*\*](mailto:NODOS@okhca.org)

The fields with an \* are required

**\* Provider ID#:**

**\* Provider Name:**

**\* Requester Email:**

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**\* Member ID#:**

**\* Member Name:**

**\* Member DOB:**

**Member SSN:**

**\* NODOS ID#:**

**If Newborn request, please include:**

**Mother's Name:**

**Mother's Member ID#:**

Please allow 48 hours for system processing

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**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysooner care.org](http://mysooner care.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767