

CLINICAL STAFF UPDATE FORM

Please complete this form to add or remove a provider from your practice or organization. **Submit the completed form electronically by using the button labeled "Submit" at the bottom of this form.** If you are having trouble with the submit button, save this document to your computer, complete it, and attach it to an **email to:** pns@coaccess.com, **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Relations, PO Box 17580, Denver, CO 80217-0580.

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|---|---|---|---|
| Legal contract name: | | Contact name: | |
| DBA clinic name (if applicable): | | Contact email: | |
| Tax ID number: | Group/Organization NPI: | | Phone: |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | Effective date: | Individual NPI #: | |
| Name: | | Gender: <input type="checkbox"/> F <input type="checkbox"/> M | |
| Date of birth: | Practicing specialty type: | | CAQH #: |
| CO License #: | Expiration: | | Is provider practicing ONLY in an inpatient/hospitalist or Locum Tenens capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DEA License #: | Expiration: | | |
| <input type="checkbox"/> Board certified | <input type="checkbox"/> Provides prenatal care | <input type="checkbox"/> Provides OB care | |
| Malpractice insurance: | | Coverage span: | |
| List the hospitals where this provider has admitting privileges: | | | |
| Please select the line of business this provider accepts (<i>check all that apply</i>): | | | |
| <input type="checkbox"/> Access Behavioral Care <input type="checkbox"/> CHP+ offered by Colorado Access <input type="checkbox"/> CHP+ State Managed Care Network | | | |
| PCP Providers: <input type="checkbox"/> Open Panel (<i>accepting new patients</i>) <input type="checkbox"/> Closed Panel (<i>accepting existing patients only</i>) | | | |
| Service location name/address: | | | |
| Service location phone/fax: | | | |
| Remit address: | | | |
| Medicaid provider enrollment application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Form completed by

Date

Note: Submission of this form is to initiate the process for adding a provider and there may be additional steps required for approval to provide services to members. Please contact your provider relations representative for the provider's effective date.

Contact information for Colorado Access provider relations representatives can be found on the website at coaccess.com/for-providers. Click on "Find your Colorado Access Provider and Community Liaison" and choose the county of the practice location. If you have questions about this form, email pns@coaccess.com or call your provider relations representative.