

## CLINICAL STAFF ADD FORM

Please complete this form to add a provider from your practice or organization. To submit this form, download it to your computer, complete and save, and attach it to an **email to:** [ProviderNetworkServices@coaccess.com](mailto:ProviderNetworkServices@coaccess.com). You may also **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Network Services, PO Box 17580, Denver, CO 80217-0580.

**Fields in bold and with an asterisk (\*) are required. The form may be denied if any required field is missing data.**

<b>*Office's Legal Name:</b>		
Doing Business As (DBA) Office Name (if different than legal):	<b>*Tax ID Number:</b>	
Office Contact Name:	Office Contact Email:	
<b>*Provider Last Name:</b>	<b>*Provider First Name:</b>	Provider MI:
<b>*Provider NPI:</b>	Provider Effective Date:	CAQH# (please ensure profile is current):
Provider Date of Birth	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> X	<b>*Degree/Suffix:</b>
Practicing Specialty:		
<b>*Is provider practicing ONLY in an inpatient/hospitalist or Locum Tenens capacity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Liability Insurance Requirements: \$1,000,000 each occurrence, \$3,000,000 aggregate. Please ensure a current copy is in the CAQH account profile.		

### Addresses

<input type="checkbox"/> Affiliate provider with all location NPIs under this Tax ID number		
<b>*Primary Service Location Name:</b>	<b>*Service Location Address:</b>	<b>*Service Location NPI:</b>
<b>*Is the service location NPI the same as the Billing NPI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If not, Billing NPI:</b>		
Service Location Primary Phone Number:	Service Location Primary Fax:	
Additional Service Location Name:	Service Location Address:	Service Location NPI:
Additional Service Location Name:	Service Location Address:	Service Location NPI:
<b>*Mailing Address:</b>		
Does the provider practice at more than 3 locations for this TIN? Include this data on the CAQH and/or attach as a separate spreadsheet.		
Behavioral Health providers need to complete the attached Behavioral Health Specialty form.		