

SERVICE LOCATION CLOSURE

To submit this form, download it to your computer, complete and save, and attach it to an **email to:** 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.

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| Service Location Name: |
| Service Location Address: |
| Service Location NPI: |
| Service Location Tax ID: |
| Service Location Closure Date: |
| <p>We will term all providers affiliated with this service location NPI. Are they moving to a new service location? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach a list of provider names, their NPIs, the new service location's name, the new service location's NPI, and the effective date. You can use the table below or send us a spreadsheet with this information. Note: providers must be moving to a service location with the same Tax ID number. If providers are moving to a new service location under a different Tax ID number, please reach out to contracting at provider.contracting@coaccess.com to determine if a new contract needs to be created.</p> |

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| New Service Location Name: | | New Service Location NPI: |
| Provider Name: | Provider NPI: | Provider Effective Date: |
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If this is a full Tax ID term (you are closing all your doors), please contact contracting at provider.contracting@coaccess.com instead of filling out this form.