

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 either use the **“Submit”** button below or 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.

Legal contract name:		Contact name:	
DBA clinic name (if applicable):		Contact email:	
Tax ID number:	Group/Organization NPI:		Phone:
Effective date:	Provider Medicaid ID:	Individual NPI #:	
Last Name:	First Name:	MI:	Degree:
Date of birth:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	CO License #:	CAQH #:
Practicing specialty:			
Is provider practicing ONLY in an inpatient/hospitalist or locum tenens capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Professional liability insurance requirements: \$1,000,000 each occurrence, \$3,000,000 aggregate. If possible, please attach a current face sheet to include the provider’s name and the required liability amounts.			
Please select the line of business this provider accepts (<i>check all that apply</i>):			
<input type="checkbox"/> Behavioral Health <input type="checkbox"/> CHP+ offered by Colorado Access <input type="checkbox"/> CHP+ State Managed Care Network			
<input type="checkbox"/> Open Panel (<i>accepting new patients</i>) <input type="checkbox"/> Closed Panel (<i>accepting existing patients only</i>)			
Primary service location name:	Address:		Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip:			
Service location phone:		Practice Site Medicaid ID:	
Remit address:		City, State, Zip:	
Mailing address (if different from above):		City, State, Zip:	
Does the provider practice at multiple locations for this TIN? If yes, please include clinics on the CAQH application.			
Is the provider’s Medicaid provider enrollment application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach letter)			
Behavioral health providers need to complete the attached Behavioral Health Specialty form.			

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/providers/resources. If you have questions about this form, email ProviderNetworkServices@coaccess.com or call your provider relations representative.

