

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**.

Boxes that are bolded and have an asterisk (*) are required. Form may be denied if any required field is missing data.

***Office’s Legal Name:**

Doing Business As (DBA) Office Name (if different from legal):

***Tax ID Number:**

Office Contact Name:

Office Contact Email:

***Provider Last Name:**

***Provider First Name:**

Provider MI:

Provider Effective Date:

***Provider NPI:**

[CAQH #](#) (please make sure the profile is current):

Provider Date of Birth:

Gender: F M Other X

***Degree/Suffix:**

Practicing Specialty:

***Is provider practicing ONLY in an inpatient/hospitalist or Locum Tenens capacity?** Yes 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

Affiliate provider with all location NPIs under this Tax ID number.

***Primary Service Location Name:**

***Service Location Address:**

***Service Location NPI:**

***Is the service location NPI the same as the Billing NPI?** Yes No
If no, Billing NPI:

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:

***Mailing Address:**

Does the provider practice at more than 3 locations for this TIN? Include this data on the CAQH and/or attach as separate spreadsheet.

Behavioral Health providers need to complete the attached Behavioral Health Specialty form.