



## Backdate Enrollment Form

Complete this form to change an effective date prior to the existing enrollment effective date **for providers who are already approved**. Refer to the bottom of this form for submission instructions.

**Note:** Backdating enrollment is not a guarantee of prior authorization backdate or claim payment.

### Provider Request

Change the enrollment effective date to: \_\_\_\_\_

Provider ID Number: \_\_\_\_\_

Provider Name (Business or Individual): \_\_\_\_\_

Location Address: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Requests for backdated enrollment may be approved up to ten months from date of receipt, if all enrollment requirements are met.**

*Provider/Provider Representative Name (please print):* \_\_\_\_\_

*Provider/Provider Representative Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Contact Information: Phone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

**This form is not for affiliation dates, only new enrollments.**

**Instructions:** Complete this form and upload it as an attachment from the *Attachments and Submit page* of the online Provider Maintenance tool in the [Provider Web Portal](#).

Contact the [Provider Services Call Center](#) with any questions regarding Health First Colorado enrollment.

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