



Legal Name Change Form

Complete this form to request a legal name change for an existing provider.

Provider Request

Tax ID Number (or Social Security Number (SSN), if individual enrollment): _____

Note: The legal name will change for **all providers** with this Tax ID.

Current Provider Name (Business or Individual): _____

New Legal Name: _____

Location Address: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

- For an individual name change, attach a SSN card, marriage license or legal name change document. The individual must sign this form.
- For a group or facility name change, attach a 147C from the Internal Revenue Service (IRS) and a current W-9. A representative may sign this form on behalf of the group.

Provider/Provider Representative Name (please print): _____

Provider/Provider Representative Signature: _____ Date: _____

Contact Information: Phone: _____ Email: _____

Complete this form and submit via the Provider Web Portal using the following steps (do not mail to Gainwell Technologies):

1. Log in to the [Provider Web Portal](#).
2. Click Provider Maintenance.
3. Click Provider Maintenance again.
4. Complete the Provider Web Portal Maintenance Request.
5. Click "Attachments and Submit" on the left-hand side of the page.
6. Add the completed Legal Name Change Form as well as any other required documents specified on this form (above).
7. Select the Attachment Type "TIN Match Verification Document".
8. Submit.

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

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Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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