COLORADO
Department of Health Care Policy & Financing

gainwell

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: _____

If the requested date is beyond 365 days, provide a detailed explanation. **Requests for over 365 days from the application date will require state approval.**

Provider/Provider Representative Name (please print): _____

*Provider/Provider Representative Signature:*_____ *Date:* _____

*Contact Information: Phone:*_____*Email:* _____

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.

Revised: October 2020