



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.

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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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