



## 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.

