



Doing Business As (DBA) Name Change Form

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

Provider Request

Provider ID: _____

Provider Name: _____

Note: The DBA name will change for the requested location only. A separate request form is required for each location.

Current Doing Business As Name: _____

New Doing Business As Name: _____

Location Address: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

- Group, facility or billing individual DBA name change: Attach a current W-9 (dated within six [6] months). A representative may sign this form on behalf of the group.
- Waiver provider DBA name change: Attach a Certificate of Fact Trade Name and a current W-9.

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 side of the page.
6. Add the completed DBA Name Change Form and other required documents specified on this form.
7. Select Other as the Attachment Type.
8. Click Submit.

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

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