



Legal Entity (Organization Type) Change Form

Complete this form to request a organizational change for an existing provider. This form is NOT intended for legal name changes.

Provider Request

A current [W-9 form](#) must be attached reflecting the updated organization type.

Tax ID Number: _____

Note: The legal entity will change for **all providers** with this Tax ID. The Tax ID *must* match the W9.

Provider Name: _____

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 Entity Change Form **and** an updated W-9 having a date within the last 6 months.
7. Select the Attachment Type "Other."
8. Submit.

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

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