



Legal Entity Change Form

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

Provider Request

Tax ID Number: _____

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

Current Provider Name (Business or Individual): _____

Former Legal Entity Type: _____ New Legal Entity Type: _____

Location Address: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

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.
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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