



# Legal Name Change Form

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

## Provider Request

Tax ID Number: \_\_\_\_\_

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

Current Provider Name (Business or Individual): \_\_\_\_\_

New Legal Name: \_\_\_\_\_

Location Address: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- For an individual name change, attach a Social Security Number card, marriage license or legal name change document. The individual must sign this form.
- For a group or facility name change, attach a 147C from the Internal Revenue Service (IRS) and a current W-9. A representative may sign this form on behalf of the group.

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 Name Change Form as well as any other required documents specified on this form (above).
7. Select the Attachment Type "TIN Match Verification Document".
8. Submit.

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

Revised: October 2020

