National Provider Identifier (NPI) Backdate Form

Complete this form to change an effective date for a new unique NPI that has been added to an existing enrollment record. 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

Please change the new NPI enrollment effective date to: _____

Old NPI Number: _____

New NPI 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.

Revised: November 2020