



## 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

