COLORADO
Department of Health Care Policy & Financing

gainwell

Tax ID or Social Security Number Correction Form

Complete this form to request a *correction* to an existing Tax ID or Social Security Number.

Provider Request

Note: This form CANNOT be used to add a new Tax ID. A new Tax ID requires a Change of Ownership and a new application.

Current Tax ID Number (or Social Security Number (SSN), if individual enrollment): _____

Correct Tax ID Number (or Social Security Number (SSN), if individual enrollment): _____

Provider Name (Business or Individual): _____

National Provider Identifier (NPI): _____

Health First Colorado Provider ID (MCD): _____

- For an SSN correction, attach the SSN card. The individual must sign this form.
- For a Tax ID number correction, attach the 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.

Created October 2025