

CLINICAL STAFF UPDATE FORM

Please complete this form to add or remove a provider from your practice or organization. **Submit the completed form electronically by using the button labeled "Submit" at the bottom of this form.** If you are having trouble with the submit button, save this document to your computer, complete it, and attach it to an **email to:** pns@coaccess.com, **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Contracting, PO Box 17580, Denver, CO 80217-0580.

Legal contract name:		Contact name:	
DBA Clinic Name (if applicable)		Contact email:	
Tax ID number:	Group/Organization NPI:	Phone:	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective date:	NPI #:	
Name:			
Degree type:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Date of birth:	Practicing specialty type:	CAQH #:	
CO License #:	Expiration:	Is provider practicing ONLY in an inpatient/hospitalist capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEA License #:	Expiration:		
<input type="checkbox"/> Board certified	<input type="checkbox"/> Provides pre-natal care	<input type="checkbox"/> Provides OB care	
Malpractice insurance:		Coverage span:	
List the hospitals where this provider has admitting privileges:			
Please select the line of business this provider accepts (<i>check all that apply</i>):			
<input type="checkbox"/> Behavioral Healthcare, Inc.		<input type="checkbox"/> Access Behavioral Care	
<input type="checkbox"/> CHP+ offered by Colorado Access		<input type="checkbox"/> CHP+ State Managed Care Network	
PCP Providers: <input type="checkbox"/> Open Panel (<i>accepting new patients</i>) <input type="checkbox"/> Closed Panel (<i>accepting existing patients only</i>)			
Service locations' name/address: Please attach list of additional servicing locations			
Service locations' NPI (if applicable):			
Remit address:			
Service Address Phone/Fax:			
Languages spoken:			

Form completed by _____

Date _____

Note: Submission of this form is to initiate the process for adding a provider and there may be additional steps required for approval to provide services to members. Please contact your Provider and Community Liaison for the provider's effective date.

Contact information for Colorado Access Provider and Community Liaisons can be found on the website at www.coaccess.com/for-providers. Click on "Find your Colorado Access Provider and Community Liaison" and choose the county of the practice location. If you have questions about this form, email pns@coaccess.com or call your liaison.