Health First COLORADO
Colorado's Medicaid Program

Hewlett Packard Enterprises
P.O. Box 30
Denver, CO 80201
Provider Call Center: 1-844-235-2387

Enrollment Backdate Form

Please complete this form to request an effective date prior to the current enrollment effective date. Backdating enrollment is not a guarantee of prior authorization backdate or claim payment.

Provider Request

Please backdate my enrollment effective date to: _____

Provider ID Number:_____

Provider Name (Business or Individual):_____

Location Address:_____   Address Line 2:_____

City:_____   State:_____   Zip Code:_____

If the requested date is beyond 120 days, please provide a detailed explanation below. *Requests for over 120 days from the application date will require state approval.*

[ ]

Provider/Provider Representative Name (please print): _____

*Provider/Provider Representative Signature:*_____ *Date:*_____

Contact Information: Phone:_____   Email:_____

Please complete this form and mail it to:
HPE, Attn: Provider Enrollment
P.O. Box 30
Denver, CO 80201

For questions regarding Health First Colorado enrollment, please call Provider Services at 1-844-235-2387.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.   www.colorado.gov/hcpf