PROVIDER NOTIFICATION OF CHANGE

TAX INDENTIFICATION INFORMATION

Are you changing the **Tax Identification Number (TIN)** that is on file with us? ☐ Yes ☐ No
*If yes, please provide **former TIN** (the TIN Colorado Access has on file):*
*If yes, please provide **new/current TIN**:*
Effective date:

NPI NUMBER INFORMATION

Are you changing the **National Provider Identifier number (NPI)** that is on file with us? ☐ Yes ☐ No
*If yes, please provide **former NPI** (the NPI Colorado Access has on file):*
*If yes, please provide **new/current NPI**:*
Effective date:

ENTITY NAME

Are you changing the **legal** name that is on file with us? ☐ Yes ☐ No
*If yes, please provide new **legal** name:*
Effective date:
Are you changing the **Doing Business As (DBA)** name on file with us? ☐ Yes ☐ No
*If yes, please provide new **Doing Business As (DBA)** name:*
Effective date:

CLINIC ADDRESS INFORMATION

Are you adding an **additional** service address? ☐ Yes ☐ No		
*If yes, please provide **additional service address** below*		
Clinic name:		
Clinic address:		
City:	State:	County:
Zip code:	Phone:	Fax:
NPI:		
Tax ID:		
Effective date:		

PROVIDER NOTIFICATION OF CHANGE

CLINIC ADDRESS INFORMATION

Are you changing the **current** service address? ☐ Yes ☐ No			
Is your clinic **moving** to a new location? ☐ Yes ☐ No			
If yes, please provide ***new service address*** *below*			
Clinic name:			
Clinic address:			
City:		State:	County:
Zip code:	Phone:		Fax:
NPI:			
Tax ID:			
Effective date:			

REMIT ADDRESS INFORMATION

Are you changing the **current remit** address? ☐ Yes ☐ No			
(If changing your remit address, a W-9 is also required)			
If yes, please provide ***new remit address*** *below*			
Remit address:			
City:		State:	County:
Zip code:	Phone:		Fax:

If there are multiple providers affected, please attach a list of names and their NPI numbers.

Please have the authorized signatory sign and date this form to affirm the updates noted are accurate and complete.

Form completed by: ______________________________

Date: ______________________________

Title: ______________________________