Provider Services
P.O. Box 1100
Denver, CO 80201-1100

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Provider Enrollment Application Check List and Instructions for an

Audiologist

(Standard Provider Application for Direct Pay Enrollment)

Provides hearing services.

The documents listed below are required and must be submitted with the application.

☐	**Completed Electronic Funds Transfer (EFT) Form** -- The individual name on this form must match exactly with the name on file with the IRS. The address on this form must match one of the addresses listed in the application. This form must be completed using the individual's social security number.
☐	**Completed W-9 Form** -- The individual name on this form must match exactly with the name on file with the IRS. The address on this form must match one of the addresses listed in the application. This form must be completed using the individual's social security number.
☐	**License** – Attach a copy of the license from the Colorado Department of Regulatory Agencies showing both the effective date and expiration date, for hearing aid dispensing and the Children's Hearing Aid Program (CHAP). For the Colorado Hearing Intervention Program (CHIP) attach a copy of the license from the Colorado Department of Public Health and Environment showing both the effective date and expiration date.
☐	**Certification(s) -** Attach a copy of the certification from the American Speech and Hearing Association (ASHA) or the American Board of Audiology (ABA) showing both the effective date and expiration date.
☐	**Completed Provider Disclosures Page (Section 19 of the Application)** -- Complete the top section for individuals.