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

1-800-237-0757
Fax: 303-534-0439

Provider Enrollment Application Check List and Instructions for a

Clinic

(Standard Provider Application for Direct Pay Enrollment)

This is the general provider type for most billing/group providers.

Must have at least one enrolled, licensed practitioner (M.D., D.O., O.D., or D.P.M.) affiliated with each clinic.

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

☐	**Completed Electronic Funds Transfer (EFT) Form** – The legal business 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 employer identification number assigned to the business.
☐	**Completed W-9 Form** – The legal business 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 employer identification number assigned to the business.
☐	**Completed Affiliation Information (Page 12) -** Must list all the rendering individuals the clinic will submit claims for.
☐	**CLIA Certification** – Attach a copy of the Clinical Laboratory Improvement Amendments Certificate of Accreditation that shows the effective date and expiration date if laboratory work is performed.
☐	**Completed Provider Disclosures Page (Section 19 of the Application) –** The 'Legal Name & Business Category' area must be completed in its entirety. Please list those who have an ownership interest equal to, or more than five percent, or list the officers, directors, and partners of the disclosing entity and their relationship to each other. Entering N/A is not acceptable and will require resubmission of the completed area prior to approval.