THE COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Services
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Provider Enrollment Application Check List and Instructions for a

Non-Physician Practitioner Group

(Standard Provider Application for Direct Pay Enrollment.)

For special groups of non-physician practitioners, such as audiologists, that do not require a physician to supervise treatments.

(Occupational and physical therapists must affiliate with a Rehabilitation Agency for Practitioners.)

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.
☐	**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.