



Backdate Enrollment

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.

Please do not submit any attachments with this form (such as a claim form).

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 365 days, please provide a detailed explanation. **Requests for over 365 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:

***DXC Technology
P.O. Box 30
Denver, CO 80201***

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

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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

