



Backdate Enrollment

Do not attach this form to an electronic enrollment application.

Complete this form to request an effective date prior to the current enrollment effective date for providers who are already approved.

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

Backdating enrollment is not a guarantee of prior authorization backdate or claim payment.

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.

Revised: March 2019

