



Backdate Enrollment

Please complete this form to request an effective date prior to the current enrollment effective date. This request is only for newly enrolling providers or existing providers adding new service locations.

Provider Request

Please backdate my enrollment effective date to: _____

Provider ID Number: _____ Provider NPI Number (optional): _____

Attention: your provider ID number is assigned by Xerox State Healthcare, once they have received all the necessary documents. If you have not yet received a letter (via mail) containing your provider ID number, please call 1-800-237-0757.

Note: If you have already received a letter with your effective date and provider ID, you will receive another letter (via mail) once Xerox has processed your backdating request.

Provider Name (Business or Individual): _____

Location Address: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

If the requested date is beyond 120 days, please provide a detailed explanation.

Please note that requests for over 120 days from the application date will require state approval.

Provider/Provider Representative Name (please print): _____

Provider/Provider Representative Signature: _____ Date: _____

Contact Information: Phone: _____ Email: _____

**Attention: please complete this form and mail it to:
Xerox State Healthcare Attn: Provider Enrollment
P.O. Box 1100
Denver, CO 80201**

