

COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Services
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Denver, CO 80201-1100

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**Provider Enrollment Application Check List and Instructions for a
Psychologist
Doctorate Level
(Standard Provider Application for Direct Pay Enrollment.)**

Note: The Community Behavioral Health Services program, formerly known as the Community Mental Health Services program, is a statewide managed care program that provides comprehensive behavioral health services to all Coloradans with Medicaid. The State contracts with Behavioral Health Organizations (BHO) to manage or arrange these services in five (5) geographical regions statewide. Medicaid clients are automatically enrolled into a BHO depending on where they live in the state. Behavioral health providers must apply to become a network provider with the BHO in their area. If the BHO is not accepting new providers, behavioral health providers are limited to providing services to Medicaid clients with diagnoses that are not covered under the BHO contract or to clients that are not eligible for enrollment in the BHO. The BHOs contact information is located in the [Behavioral Health Organizations](#) section of the Department’s website at colorado.gov/hcpf.

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

<input type="checkbox"/>	Completed Electronic Funds Transfer (EFT) Form -- The individual 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 individual’s social security number.
<input type="checkbox"/>	Completed W-9 Form -- The individual 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 individual’s social security number.
<input type="checkbox"/>	License -- Attach a copy of the license from the Board of Psychology that shows both the effective date and expiration date.
<input type="checkbox"/>	Completed Provider Disclosures Section -- Check the appropriate entity type for the applicant (see definitions provided at the end of the section). Fields A through F must be completed with the requested information, check the box in the instruction area if the field is not applicable. If any area is not completed with either information or a check in the box, the application will be considered incomplete.