DXC Technology
P.O. Box 30
Denver, CO 80201
Provider Call Center: 1-844-235-2387

Request to Submit Paper Claims

Please complete this form to request paper claim submission.

Provider Request

Provider ID Number: _____

Provider Name (Business or Individual): _____

Location Address: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

I attest that the provider will submit 5 or less claims per month.

Provider/Provider Representative Name (please print): _____

Provider/Provider Representative Signature: _____ *Date:* _____

Contact Information: Phone: _____ Email: _____

Please complete this form and mail it to:
DXC, Attn: Provider Enrollment
P.O. Box 30
Denver, CO 80201

For questions regarding Health First Colorado enrollment, please call DXC at 1-844-235-2387.