

## THE COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Services  
P.O. Box 1100  
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### Provider Enrollment Application Check List and Instructions for Supply

(Enrollment via an EIN)

**(Standard Provider Application for Direct Pay Enrollment.)**

*Provides supplies to patients (e.g. durable medical equipment).*

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

<input type="checkbox"/>	<b>Completed Electronic Funds Transfer (EFT) Form</b> – The legal business 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 employer identification number assigned to the business.
<input type="checkbox"/>	<b>Completed W-9 Form</b> – The legal business 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 employer identification number assigned to the business.
<input type="checkbox"/>	<b>License</b> – Attach a copy of the business license (sales tax certificate) or tax exempt certificate.
<input type="checkbox"/>	<b>Medicare Certification</b> – Required for Medicare crossover claims only. Attach a copy of the Medicare Approval/Certification Letter if applicable.
<input type="checkbox"/>	<b>Completed Provider Disclosures Section</b> -- 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.
<input type="checkbox"/>	<b>Medicare Accreditation Certificate</b> – Attach a copy of the Medicare Accreditation Certificate or letter.
<input type="checkbox"/>	<b>Other</b> – Out of state providers must complete and submit the 'Out of State Durable Medical Equipment Provider Requirements' letter.