Colorado Choice Health Plans

700 Main Street, Suite 100
Alamosa, CO 81101
719-589-3696
Fax: 719-589-4901
www.cochoice.com

Provider Change Request Notice

E-mail to credentialing@cochoice.com or fax to Colorado Choice Credentialing Department at 719.589.4901

Practice Information (required information)

Name of Practice/Group		**TIN:**
Contact Name		**Phone:**

☐ Location Changes

☐ Physical Address Change	☐ Payment Address Change	☐ Mailing Address Change
☐ Phone Number Change	☐ Adding New Location	☐ Closing Practice Location

Indicate the new information below or attach information on a separate sheet

Address			
City		State	Zip
Phone	Fax	**Effective Date**	

☐ Physician/Provider Changes

☐ Physician/Provider Addition	☐ Physician/Provider Termination	☐ Specialty Change

Indicate the new information below or attach information on a separate sheet

Provider Name/Title		NPI # CAQH#
Specialty		**Effective Date**
Office Location(s) - Address		
City	State	Zip

☐ Other Changes

Please specify: