



DENVER HEALTH MANAGED CARE
PROVIDER BACKGROUND INFORMATION

Please complete the following and fax to 303-602-2096, Attention Provider Relations.
If you have any questions, call 303-602-2046. Mail address: 777 Bannock St MC 6000
Denver, CO 80204.

DHMP _____ DH MEDICAID _____ DHMP MEDICARE _____

PROVIDER NAME _____

PRACTICE NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ CONTACT NAME _____

SECONDARY OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

COLO LIC # _____ NPI # _____

MEDICAID # _____ MEDICARE # _____

PCP: YES _____ NO _____ SPECIALTY _____ LICENSE # _____

TAX ID # _____ ACCEPTING NEW PATIENTS: YES _____ NO _____

BOARD CERTIFIED: YES _____ NO _____ IF YES, WHAT AREAS _____

GENDER: M _____ F _____ LANGUAGES _____

HOSPITAL PRIVILEGES _____

IF PART OF A GROUP PRACTICE, ARE YOUR PARTNERS INTERESTED IN BEING A PROVIDER:
YES _____ NO _____

PROVIDE DOCUMENTATION OF YOUR LIABILITY INSURANCE COVERAGE, MEDICARE PARTICIPATION LETTER, MEDICAID CERTIFICATION, CURRENT W-9 FOR TAX PURPOSES, ANY CURRENT ACCREDITATION ALONG WITH YOUR INTEREST FORM.

The Managed Care Provider Relations Department will review your information and contact you with any further questions or concerns. Please make sure all information is completed so that we can properly process your request. You can also reach Managed Care Provider Relations at ManagedCare.ProviderRelations@dhha.org.