



Provider Request to Add a Baby to CHP+

Please complete one form for each member to be added.

Number of pages in fax (including cover): _____

Mother's Information

Name: _____

Date of Birth: _____

Social Security Number: _____

State ID # (if available): _____

Family Case Number (if available): _____

Street Address: _____

City, State and Zip Code: _____

County: _____

Phone Number: _____

Baby's Information

Name (as it appears on birth certificate): _____

Date of Birth: _____

Gender: _____

Social Security Number (if available): _____

State ID # (if available): _____

*Child's Doctor or HMO: _____

Contact Information

Date: _____ Name: _____

Provider: _____ Phone: _____

Date(s) of Service (if applicable): _____

**Please fax completed form to 303.893.1780
or you may call 800.359.1991**

** HMO's are based on county of residence. Available HMO's are Kaiser, Denver Health, Colorado Access, Rocky Mountain Health Plans.*