



Provider Request to Add a Member to CHP+

Please verify member eligibility at <http://www.chcpf.state.co.us/>. If member is not eligible, please complete this form if you have a CHP+ patient that needs to be added to the member's selected Managed Care Organization (MCO) or if you have a claim that denied for no eligibility.

Please indicate below the HMO the CHP+ member is currently enrolled:

State Managed Care Network (CHP+) Denver Health CO Access

Kaiser Rocky Mountain HMO

Member 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: _____

If the eligibility concern is regarding a newborn please include:

Mother's Name: _____

Mother's Social Security Number _____

Required Contact Information

Date: _____ Name: _____

Provider: _____ Phone: _____

Email Address: _____

Date(s) of Service _____

**Please fax completed form to CHP+ at 303.893.1780
or call ACS at 800.359.1991**