



**State Managed Care Network
PROVIDER ADDRESS CHANGE FORM**

Please complete this form if your legal name, service location or your taxpayer identification number (TIN) has changed and does not match your current contract information.

Return by mail to:
Child Health Plan Plus
State Managed Care Network
Provider Network Services
PO Box 17580
Denver, CO 80217-0580
 or
 Return by Fax: **303.755.2368**
Attention: Provider Network Services
State Managed Care Network

Please contact CHP+ Provider Network Services for the State Managed Care Network at 720.744.5219 or send an email to pns@coaccess.com if you have questions regarding this form.

Step 1: Please provide your current Taxpayer Identification Number. You must complete this field.

Existing TIN of Contract Entity

New TIN of Contracting Entity, if applicable

Effective Date

Step 2: Please provide the Legal Name of the contracted entity.

Existing Legal Name of Contracting Entity

New Legal Name of Contracting Entity, if applicable

Effective Date

Step 3: Please update the Legal Address or Service Location of the contracting entity.

Existing Legal Address of Contracting Entity

New Legal Address of Contract Entity, if applicable

Effective Date

Existing Service Location of Contracting Entity

New Service Location of Contract Entity, if applicable

Effective Date

Step 4: Please have the authorized signatory sign and date this form to affirm the updates noted are accurate and complete.

Signature

Date Signed

Name and Title of Authorized Signatory

Please visit our website at www.chplusproviders.com for the latest provider information.

October 2009