



Broker Information Sheet

Rocky Mountain Health Plans needs your help to ensure our contact information is accurate for you and any associates in your office or agency.

Please take a minute to complete the broker information below and send back with the completed Acknowledgment of Producer Relationship Form.

Broker Name: _____

Agency Name (if applicable): _____

CO Producer License Number: _____

National Provider Number (NPN): _____

Email Address: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____

Mobile Phone: _____

Alternate Phone: _____

Fax: _____