



ROCKY MOUNTAIN
HEALTH PLANS®

We understand Colorado. We understand you.

Provider Update/Change Form

Use this form to correct or add information contained in your listing.

Please print legibly.

Provider Name (for validation): _____

Provider Tax ID Number: _____

Complete only the fields that require correction:

Address: _____

County: _____

Telephone Number: _____

Fax Number: _____

Practice Name: _____

NPI Number: _____

Date of Birth: _____

Sex: Male Female

Specialty: _____

Languages: _____

Contact name for questions: _____

Telephone number for questions: _____

Please fax completed request to RMHP Provider Relations Department at 970-244-7957