DENVER HEALTH MEDICAL PLAN INC.™

PROVIDERS: JOIN OUR NETWORK

Thank you for your interest in joining our network!
Please fill out the form below and attach your W9.
Email both items to: DHManagedCare_BecomeAProvider@dhha.org

Is there a completed contract with Denver Health Medical Plan (DHMP)?

- ◯ Yes (**click here for credentialing form**)
- ◯ No (please complete below)

Which line(s) of business are you interested in participating in?

- ☐ Elevate Medicare Advantage
- ☐ Elevate Medicaid Choice
- ☐ Elevate Child Health Plan Plus (CHP+)
- ☐ Elevate Exchange/CO Option
- ☐ DHHA Employer Group

How many practitioners will be affiliated with the contract?

- ◯ 1 (single entity)
- ◯ 2 - 15
- ◯ 16 or more

Will you need to have practitioners or facilities credentialed by DHMP?

- ◯ Yes
  - ◯ DHMP will credential
  - ◯ You will perform credentialing through a delegated agreement with DHMP
- ◯ No

Are you approved with Colorado Medicaid?

- ◯ Yes
- ◯ No

Contracting Information for Provider/Organization

Provider/Organization		Organization NPI #
Business Website		Organization TIN #
Primary Address		
City	State	Zip
Phone #		Fax #
Contact First Name		Contact Last Name
Contact Email		
Average Wait Time(s) for New Patients		
Location(s) in Colorado		
Specialty or Taxonomy Code(s)		

Thank you for your inquiry to join our network.
After a diligent review process, we will reach back out.
This process could take up to 120 days.