

# Colorado Health Networks

## Practice Status Update Form

This form is used to place your practice on *referral* suspension. Please refer to your Provider Manual or [http://www.chnpartnerships.com/provider\\_info/manual/main.htm](http://www.chnpartnerships.com/provider_info/manual/main.htm) Section IV. *Provider Assistance and Referrals*, item *Change of Status or Address* for more information. This update does not affect your network status or any current open authorizations; however, new and updated authorizations will not be available without removal of the suspension.

Provider #: \_\_\_\_\_

### Practitioner Information:

Last Name:	First Name:	MI:	State:	Licensure:
Email address:				

### Practice Status for the following address(es):

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

I am unavailable for referrals beginning (date) because: \_\_\_\_\_ Date: \_\_\_\_\_

I will be on vacation/leave/sabbatical until: \_\_\_\_\_

My practice is full until for  VO Commercial until \_\_\_\_\_

CO Medicaid until \_\_\_\_\_

Other (please specify): \_\_\_\_\_

I no longer wish to participate in the Medicaid network effective: \_\_\_\_\_

Reason: \_\_\_\_\_

\*Provider Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to 719-538-1433 or  
Please mail to:  
Colorado Health Networks  
7150 Campus Dr, Ste 300  
Colorado Springs, CO 80920