

Please select and complete the information which you are requesting be updated with the RMHS provider network and submit this form along with an **Updated W9** to;
Email to: Contracts@rmhumanservices.org

*Please check applicable boxes for the information you wish to change

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Agency Name | <input type="checkbox"/> Change to Independent Contractor Status |
| <input type="checkbox"/> Address | <input type="checkbox"/> Service Delivery |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Contact Information |

1. Agency Previous Name: _____

Agency New Name: _____

a. Please ensure that you have updated the following systems:

- | | |
|---|--|
| <input type="checkbox"/> Secretary of State (SOS) | <input type="checkbox"/> EI Colorado Provider Portal |
| <input type="checkbox"/> NPPES (NPI) | <input type="checkbox"/> Updated Certificates of Insurance |

2. Address: _____

3. Owner name (RMHS will complete background and CAPS check): _____

a. Owner contact email/phone number: _____

4. Adding Additional practitioners (changing from an Independent Contractor to an Agency): YES

5. Service Delivery (choose at least one):

- In-person in the child's natural setting Telehealth Both

6. Contact Information Change:

a. Primary Contact email for Inquiries: _____

b. Billing Questions Email/phone number: _____

c. Referrals Email: _____

d. Newsletters and EI/RMHS Updates email: _____

e. Contract Signor email/phone number: _____

*Person Completing Form: _____

Title: _____ Date Form Completed: _____