



## Colorado Access Change of Provider Form

This form must accompany the new Prior Authorization Request (PAR) Form when a member has a current and active PAR with another provider.

### Member Information

Member Name:	Member ID#:
Date of Birth:	Current PAR Number (if known):

### Previous Provider Information

Name:	Last Day of Services:
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### New Provider Information

Name:	Provider ID#:
Member Start Date of Service:	Provider Signature:

This notice is to inform you that I, \_\_\_\_\_  
(Member's name)  
have changed providers effective: \_\_\_\_\_  
(Date)  
I am changing from provider: \_\_\_\_\_  
(Provider's name)  
to provider: \_\_\_\_\_  
(New provider's name)

The following services/equipment will be affected by this change:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
**Member's Signature (or Guardian if member cannot sign)** **(Date)**

**Member's address:** \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)