



**Colorado Physician Health Program (CPHP)
Credentialing and Status Report Request Form**

Client Name:

Date of Birth:

Requesting Entity

Institution/Organization Name:

Addressee/Title:

Address:

Phone Number:

Please mail report request along with a \$35 processing fee in the form of a check to:

Colorado Physician Health Program
Attn: Report Request Department
899 Logan Street, Suite 410
Denver, Colorado 80203-3156
Fax: 303.860.7426

We regret that CPHP is unable to process credit cards at this time.

In accordance with CPHP Policy and Procedures for Credentialing Reports for Active CPHP Participants, CPHP can only honor report requests with proper release of information. CPHP operates on a thirty-day turn around time for Credentialing and Status Report Requests. If you have any questions, please contact Director of Clinical Services at **(303) 860-0122**.

Please copy this form as needed.

<p><u>Internal Use Only:</u> Client Number: _____ Request received: _____ Check deposited: _____ Release on file: _____</p>
