



Facility Close Form

Please note that this form is NOT intended to represent a contract termination.

Please fill out this form, save this PDF, and email the completed form to providerdatavalidation@ucare.org. Please include "FC Form" and the Location Name in the subject line of the email. UCare recommends keeping a copy of your original email on file for your records.

If you are closing one location and are opening a new location, please fill out the Facility Location Add Form.

Unfortunately, at this time the Provider Assistance Center will not be able to provide a status update on your request.

For questions with filling out the form, please contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

Are you a contracted provider with UCare? (Yes/No)

Contact Person:
Name:
Phone:
Email:

Facility Information to be Termed	
Facility Name:	Closing Date:
DBA Name:	Closing Reason:
Address:	
City, State:	Facility NPI/ UMPI:
Zip:	Facility FEIN/TIN:

Medical Records will be transferred to:
Clinic/Hospital Name:
Address:
Phone:
Contact Person:
Comments

Signature: