



## Site/Location Change Form

- A separate Site/Location Change Form must be completed for each impacted location, unless updates apply to all locations affiliated with the provider.
- Each submission MUST include a completed [W-9 form](#).
- For services with provider-specific rate methodologies (CAH, FQHC, RHC, ACT, CCBHC, CRT, IRMHS, IRTS, PRTF, RCS) please include a copy of the rate letter specific to the updated site/location.
- All required facility and/or practitioner level credentialing must be completed, prior to request being processed--[UCare® - Who Requires Credentialing](#)
- For contracted providers only, all locations must be actively enrolled with the state as a Minnesota Health Care Programs provider within 120 days of form submission.
- For Tax ID and/or Legal Name Changes a completed [Disclosure of Ownership \(DOO\)](#) form must be submitted.
- For Change of Ownership (CHOW) requests only, please **check one** and proceed as follows:
  - ☐ For administrative only ownership change, (there is no change in address, FEIN/TIN, NPI, only percent of ownership is changing) new ownership can have access to contract history—current owner should complete this form and submit an updated [Disclosure of Ownership \(DOO\)](#) form.
  - ☐ For administrative only ownership change, (there is no change in address, FEIN/TIN, NPI,) new ownership should not have access to contract history—current owner should complete this form. In addition, new owner should complete a contract application: [UCare® - Join Our Network](#)
  - ☐ For complete ownership changes, the new owner is currently not contracted with UCare, NPI/FEIN/TIN/Addresses could be or are changing---current owner should complete this form. In addition, new owner should complete a contract application: [UCare® - Join Our Network](#)
  - ☐ If two or more UCare contracted providers are joining/merging all or only some of their sites, for a joint business venture together-- current owner should complete this form. In addition, new owner should complete a contract application: [UCare® - Join Our Network](#)
  - ☐ If a UCare contracted provider is acquiring all or some of another UCare contracted providers sites and old owner is no longer involved with the acquired sites-- current owner should complete this form and submit an updated [Disclosure of Ownership \(DOO\)](#) form

If you have questions, contact UCare's Provider Assistance Center at  
**612-676-3300 or toll free at 1-888-531-1493**

**Which best describes your relationship with UCare.**

**CONTRACTED** ☐ **NON-CONTRACTED** ☐

**Effective date of change:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## LOCATION INFORMATION AND CONTACT PERSON:

<b>Contact Name:</b>	<b>Current Location Legal Name:</b>
<b>Contact Phone Number:</b>	<b>Current FEIN/TIN:</b>
<b>Contact Email:</b>	<b>Current NPI or Current UMPI:</b>

## TYPE OF CHANGE REQUESTED PLEASE SELECT ALL THAT APPLY:

<input type="checkbox"/> <b>Billing/Remit/EOP Address</b> (Address where remits and payments will be sent)	<input type="checkbox"/> <b>Phone number</b>
<input type="checkbox"/> <b>Contractual Mailing Address</b> (For contracted providers, address where contractual documents will be sent)	<input type="checkbox"/> <b>Physical Address</b> (Address where member will receive services)
<input type="checkbox"/> <b>Correspondence Address</b> (Address where correspondence will be sent)	<input type="checkbox"/> <b>Facility NPI</b>
<input type="checkbox"/> <b>DBA/Site Name</b>	<input type="checkbox"/> <b>Facility UMPI</b>
<input type="checkbox"/> <b>Fax Number</b>	<input type="checkbox"/> <b>Tax Address</b> (Address where tax documents will be sent, must match address listed on W9)
<input type="checkbox"/> <b>Legal Name</b>	<input type="checkbox"/> <b>FEIN/TIN</b>
<input type="checkbox"/> <b>Marketing Name</b>	<input type="checkbox"/> <b>Website Address</b>
<input type="checkbox"/> <b>Office Hours</b>	<input type="checkbox"/> <b>Other</b> (Please specify in Comments/Additional Information field)

## LOCATION INFORMATION

**If a box is not relevant, or the information is not changing, please leave it blank.**

Old Legal Name:	New Legal Name:
Old DBA/Site Name:	New DBA/Site Name:
Old Marketing Name:	New Marketing Name:
Old Physical Address Street:	New Physical Address Street:
Old Physical City:	New Physical City:
Old Physical State:	New Physical State:
Old Physical Zip:	New Physical Zip:
Old UMPI:	New UMPI:
Old NPI:	New NPI:

Old FEIN or TIN:	New FEIN or TIN:
Old Billing/Remit/EOP Address:	New Billing/Remit/EOP Address:
Old Billing/Remit/EOP City:	New Billing/Remit/EOP City:
Old Billing/Remit/EOP State:	New Billing/Remit/EOP State:
Old Billing/Remit/EOP Zip:	New Billing/Remit/EOP Zip:

**The Billing/Remit/EOP information above applies to all locations listed under this FEIN/TIN**

☐ Yes

☐ No

Old Phone Number:	New Phone Number:
Old Fax Number:	New Fax Number:
Old Website Address:	New Website Address:
Old Correspondence Address Street:	New Correspondence Address Street:
Old Correspondence City:	New Correspondence City:
Old Correspondence State:	New Correspondence State:
Old Correspondence Zip:	New Correspondence Zip:
Old Contractual Mailing Address Street:	New Contractual Mailing Address Street:
Old Contractual City:	New Contractual City:
Old Contractual State:	New Contractual State:
Old Contractual Zip:	New Contractual Zip:
Old Tax Address Street:	New Tax Address Street:
Old Tax City:	New Tax City:
Old Tax State:	New Tax State:
Old Tax Zip:	New Tax Zip:

For changes in Office Hours, please enter the days and times services are available at this location:

Day of the week	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Comments/Additional Information:

- Please email completed forms and all required and applicable attachments (W9 and DOO) to [demographicupdates@ucare.org](mailto:demographicupdates@ucare.org).
- Please include the Provider's Legal Name and type of change requested in the subject line of the email.
- *UCare recommends keeping a copy of your original email on file for your records.*