



Non-Credentialed Practitioner Form

Use this form to add demographic data for non-credentialed practitioners and specialists such as anesthesiologists, audiologists, CRNAs, dietitians, ER physicians, occupational therapists, physical therapists, speech therapists, pathologists and radiologists. Check with the facility if unsure if a practitioner is a non-credentialed type.

Please fill out this form, save this PDF, and email the completed form to demographicupdates@ucare.org. Please include "NCP 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 have questions filling out the form, please contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

Please allow up to 60 days from the date the form was submitted before asking for an update. Please be sure to complete all required fields (**bolded**).

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

Contact Person:	
Name:	Title:
Phone:	Email:

Main Location/Payment Information	
Location Name:	
DBA Name:	Practicing Specialty:
Address:	Facility Type:
City, State, Zip Code:	Location NPI/UMPI:
Phone:	Location FEIN/TIN:

Clinic/Hospital Information
Clinic/Hospital

You can add up to 2 Practitioners on the next page. If you have more than 2 total practitioners, please utilize [this spreadsheet](#) and email a copy with this page to demographicupdates@ucare.org.



Non-Credentialed Practitioner Demographic Information	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	
Last Name:	Practicing Specialty:
Old Last Name:	Taxonomy:
First Name:	Title:
Middle Name:	Degree:
Date of Birth:	State:
Gender:	Languages other than English:
Practitioner NPI/UMPI:	Hospitalist:
Practitioner Effective Date (Cannot be older than 18 months).	Term Date and Reason (if necessary):

Non-Credentialed Practitioner Demographic Information	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	
Last Name:	Practicing Specialty:
Old Last Name:	Taxonomy:
First Name:	Title:
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Comments

Signature: