Third-Party Agreement Notification Form

Email completed form to pac@ucare.org. Incomplete forms will be returned without processing. For status checks and/or questions, please contact UCare' s Provider Assistance Center at: 612-676-3300 or toll free at 1-888-531-1493. Please allow 3 business days from submission for form to be completed.

By signing this form, you attest that have a contractual agreement with the third party and that UCare may release information to this third party regarding the following details: contract, fee schedule, claims and payments, financial reporting, EFT/ERA, clearinghouse, provider demographics, credentialing, member eligibility, benefits, prior authorizations, medical and pharmacy claims, and provider appeals/disputes(for applicable parties).

☐ **Check here to add a new intermediary**	
Third Party Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	TIN:
Fax Number:	Email:
Effective Date:	

☐ **Check here to term an intermediary on file with us**	
Third Party Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	TIN:
Fax Number:	Email:

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Term Date:

☐ **Check here to update intermediary information on file with us**	
Third Party Organization Name Changed To:	
Change Address (Street, City, State, Zip) To:	
Change Phone Number To:	Change TIN To:
Change Fax Number To:	Change Email To:
Effective Date of Change:	

Provider Attestation Statement: "*I certify that the information on this form is true and correct. I will notify UCare of any changes or termination of this agreement.*" Owner or individual with signing authority must sign and date on the last field of this form.

Facility Legal Entity Name: (Clinic or group name goes here)	
Tax ID #:	NPI#/UMPI#:
Provider Owner Name (Please Print):	Owners Phone#:
If Owner is not signing, PRINT the name of the individual with signing authority here, otherwise leave this field blank:	Email:
SIGNATURE OF Owner or Individual with signing authority: (This is not the third-party signature; this is owner or authorized signing party):	Date:
