UNIFORM PRACTITIONER CHANGE FORM

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Name/Title:	-									_ Date:	
Organization Name	э:										
Phone #:			FAX #:			E-Mail	:				
Practitioner De				-							
*Enter name as											
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Title: MD C											
DOB:		Gender:	☐ M - Male	☐ F - Fe	male \square	X - Uns	pecified	or Another G	Gender Iden	itity \square	U - Undisclosed
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List additiona	-	e locations to					tion A	ddendum	and atta	ach to	this form.

THE FOLLOWING SITE LOCATION ADDENDUM FORM IS USED IN CONJUNCTION WITH THE MINNESOTA UNIFORM PRACTITIONER CHANGE FORM WHEN ADDING OR REMOVING PRACTITIONERS FROM MORE THAN TWO SITES. THIS FORM WILL ONLY BE ACCEPTED WHEN IT IS ACCOMPANIED BY A COMPLETED MINNESOTA UNIFORM PRACTITIONER CHANGE FORM.

SITE LOCATION ADDENDUM

(Please make as many extra copies as necessary)

ADDITIONAL LOCATION(s) FOR:

Last:		First:	ľ	ИI: NPI: _						
ADD/REMOVE Practition	ner									
Practicing as (select all applicable): Primary Care Specialist Urgent Care Locum Tenens Hospitalist/Hospital-Based										
☐ Moonlighting Resident	Other:		Services provided	d via (select all applicable): To	elehealth					
☐ Clinic ☐ Hospital Clinic/Hospital Name:										
Address:			City/State:		Zip:					
Tax ID: Type 2	Site NPI:	Directory Suppress:	_	arly Sees Patients Here at Least Once P	. •					
Effective Date:	Practicing Spec	YES ☐ NO ☐ cialty at this Site:	J	YES	YES NO					
Encouve Bate.		,		Primary Site: YES NO						
ADD REMOVE		ites for this TIN: YES	□ NO□	Remove Reason:						
ADD/Remove Practitione	r									
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☐ Moonlighting Resident	Other:		Services provided	l via (select all applicable): 🔲 Te	elehealth					
☐ Clinic ☐ Hospital Clinic/Hospital Name:										
Address:			City/State:		Zip:					
Tax ID: Type 2	Site NPI:	Directory Suppress: YES □ NO □	•	arly Sees Patients Here at Least Once P YES *NO	er Week: Accepting New Patients: YES NO					
Effective Date:	Practicing Specia	alty at this Site:		Primary Site: YES NO						
□ ADD □ REMOVE	Remove ALL site	es for this TIN: YES	□ NO □	Remove Reason:						
ADD/REMOVE Practitioner										
Practicing as (select all applicable): ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Hospitalist/Hospital-Based ☐ Moonlighting Resident ☐ Other: Services provided via (select all applicable): ☐ Telehealth ☐ In-Person										
☐ Clinic ☐ Hospital Clinic			<u> </u>	· · · · · · · · ·						
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