MINNESOTA UNIFORM PRACTITIONER CHANGE FORM

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists. Not Subject to Credentialing: ER Physician, Hospitalist Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT; OT; SLP), Audiologist – check with entity if unsure.

*If "NO", practitioner will not be included in the directory.

Demographic Verification and Authorization											
Completed and authorize	d on behalf o	f the practitioner by:	-								
Name/Title:						_ Date:					
Organization Name:											
Phone #:		FAX #:		E-Mai	l:						
Practitioner Demographic Information for this Request											
*Enter name as shown o											
Last: —		First: ———			MI: SSN:						
Title: ☐ MD ☐ DO ☐	мввѕ □ рс	□ DPM □ DDS	Other	(Please	Specify):						
					pecified or Another Gender Ider	•					
DEA:	State:	Type I NPI	l:		License Number:		State:				
Languages spoken fluently to	treat patients:										
Race and/or ethnicity: The following information is optional and may be used in provider directories to help members make informed choices and/or to help ensure that our network of providers is adequate to meet the needs of our members. Check here if you do not wish for your race and/or ethnicity to be displayed in provider directories: Select one											
5 Black of 7 in		- Ivalive Hawaii	llan or Other .	auliiu iui	alluei — outor (produce spessio)						
ADD/REMOVE Practitioner Practicing as (select all applicable):											
☐ Clinic ☐ Hospital Clin	ic/Hospital Name	e: 				1					
Address:			City/State			Zip:					
	Site NPI:	Directory Suppress: YES □ NO □]	Regular	ly Sees Patients Here at Least Once P YES *NO *NO	er Week:	Accepting New Patients: YES NO				
Effective Date:	Practicing Spe	ecialty at this Site:			Primary Site:	☐ YE	S NO				
☐ ADD ☐ REMOVE	Remove A	LL sites for this TIN: YE	ES 🔲 NO		Remove Reason:						
						7					
Practicing as (select all appli	<i>cable):</i>	nary Care Special		•		-	italist/Hospital-Based				
☐ Clinic ☐ Hospital Clinic		<u> </u>	Services	provided	d via (select all applicable):	Telerica	lth In-Person				
	J/MUSPILAL MAIN	J.	T 21: (01-1)			T					
Address: Tax ID: Type 2	Site NPI:	Directory Cupproces	City/State		ly Sees Patients Here at Least Once P	Zip:	Accepting New Patients:				
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Effective Date: Practicing Specialty at th		ecialty at this Site:	this Site:		Primary Site: YES NO						
☐ ADD ☐ REMOVE	Remove A	LL sites for this TIN: YE	ES NO		Remove Reason:						
CHANGE Practitioner De	emographic D	ata									
Effective Date of Change	; :										
Old: Last Name:		New Last									
First Name: MI:			Firs	t Name:	N	ΛI:					
Specialty:			_ Spe	ecialty:							
License #: State: DEA #:			_ Lice	ense #: A #:		State:					
List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.											
I —		te Location Addendum			non Addendam and att	4011 (0	uno iorini.				

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:		\	/II: NPI: _			
ADD/REM	IOVE Pr	actitic	ner							
Practicing as (select all applicable): ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Hospitalist/Hospital-Based									alist/Hospital-Based	
☐ Moonlighting Resident ☐ Other: Services provided via (select all applicable): ☐ Telehealth ☐ In-Person										
☐ Clinic ☐ Hospital Clinic/Hospital Name:										
Address:	ess:			City/State) :		Zip:			
Tax ID:		Type 2	2 Site NPI:	Directory Suppress:	-	Regula	arly Sees Patients Here at Least Once P	er Week:	Accepting New Patients:	
			I D	YES NO]		YES - *NO -		YES□ NO□	
Effective Date	Date: Practicing Specialty at this Site:					Primary Site: ☐ YES ☐ NO				
_ ADD	☐ RE	MOVE	Remove ALL s	sites for this TIN: YES	□ NO□		Remove Reason:			
ADD/Remo	ove Prac	titione	er							
Practicing as	(select a	II appli	<i>cable):</i> 🔲 Prima	ıry Care Speciali	st 🗆 Urg	ent Ca	are Locum Tenens 🗆	Hospita	alist/Hospital-Based	
☐Moonlight	ting Resid	dent	Other:		Services pr	ovided	via (select all applicable): 🔲 Te	elehealth	n 🔲 In-Person	
☐ Clinic ☐ Hospital Clinic/Hospital Name:										
Address:	9SS:			City/State:			Zip:			
Tax ID:		Type 2	2 Site NPI:	Directory Suppress: YES □ NO □	<u> </u>	Regula	arly Sees Patients Here at Least Once P	er Week:	Accepting New Patients: YES□ NO □	
Effective Date	Effective Date: Practicing Specialty at this Site:				<u>- 1</u>		Primary Site: YES NO			
□ ADD	REM	IOVE	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/Hospital Name:										
Address:					City/State:			Zip:		
Tax ID:		Type 2	2 Site NPI:	Directory Suppress: YES □ NO □		Regula	arly Sees Patients Here at Least Once P YES *NO *	er Week:	Accepting New Patients: YES□ NO□	
Effective Date	Effective Date: Practicing Specialty at this Site:					Primary Site: YES NO				
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☐ Clinic ☐ Hospital Clinic/Hospital Name:										
Address:					City/State:			Zip:		
Tax ID:		Type 2	2 Site NPI:	Directory Suppress: YES □ NO □		Regula	arly Sees Patients Here at Least Once P YES *NO *	er Week:	Accepting New Patients: YES □ NO □	
Effective Date: Practicing Specialty at this Site: Primary Site: YES NO										
□ADD	REMOVE Remove ALL sites for this TIN: YES NO Remove Reason:									