



## Non-Credentialed Practitioner Change Form

Below is a grid that outlines which fields are required in order to submit Add or Change for Non-Credentialed Practitioner's. Please be sure to complete all the required fields.

Please allow **60** days from the date submitted for the form to be processed.

If you are calling to obtain a "**status check**," please call UCare's Provider Assistance Center at **612-676-3300** or toll free at **1-888-531-1493**.

<b>Required Fields</b>	<b>Sections</b>	<b>Fields</b>
	Practitioner Verification and Authorization	<ul style="list-style-type: none"><li>• Name</li><li>• Title</li><li>• Facility Name</li><li>• Phone</li><li>• Email</li></ul>
	Change Non-Credentialed Practitioner Demographic Information	<ul style="list-style-type: none"><li>• Last Name</li><li>• First Name</li><li>• Date of Birth</li><li>• Gender</li><li>• Specialty</li><li>• NPI</li><li>• Effective Date of Change</li></ul>
	Other Information	<ul style="list-style-type: none"><li>• Languages other than English</li></ul>
	Signature	<ul style="list-style-type: none"><li>• Type Full Name</li></ul>