



Non-Credentialed Practitioner Term 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**.

	Sections	Fields
Required Fields	Practitioner Verification and Authorization	<ul style="list-style-type: none"> • Name • Title • Facility Name • Phone • Email
	Clinic/Hospital Information	<ul style="list-style-type: none"> • Name • Address • City • State • Zip • Phone • TIN • NPI Practicing Specialty
	Add Non-Credentialed Practitioner Demographic Information	<ul style="list-style-type: none"> • Last Name • First Name • Date of Birth • Gender • Specialty • NPI • Term Date • Remove Reason
	Other Information	<ul style="list-style-type: none"> • Languages other than English
	Signature	<ul style="list-style-type: none"> • Type Full Name