



## Personal Care Assistant and Entity UMPI Add/Change/Term Form

Below is a grid that outlines which fields are required in order to submit an Add request. 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>
	<b>Main Facility Information</b>	<ul style="list-style-type: none"> <li>• Facility Name</li> <li>• Facility Physical Address</li> <li>• City</li> <li>• State</li> <li>• Zip</li> <li>• Phone</li> <li>• Contact Person</li> <li>• Contact Email</li> <li>• DHS Provider Number</li> <li>• TIN</li> </ul>
	<b>Billing/Payment Information</b>	
	<b>Personal Care Attendant UMPI</b>	<ul style="list-style-type: none"> <li>• Last Name</li> <li>• First Name</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Practitioner UMPI</li> <li>• Effective Date</li> </ul>
	<b>Signature</b>	<ul style="list-style-type: none"> <li>• Type Full Name</li> </ul>