

## Third-Party Agreement Notification Form

Please allow 30 calendar days for your request to be completed. Email completed form to [pac@ucare.org](mailto:pac@ucare.org). Incomplete forms will be returned without processing. For status checks and questions, please contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

This form formally notifies UCare of your contractual agreement with an intermediary (type listed below).

**Type of Intermediary:**

- Third-Party Biller     
  Pharmaceutical Company     
  Pharmaceutical Assistance Program

**Please indicate the level of access granted:**

- Patient/Claim Information   
  Financial Reporting   
  Banking/Remittance Updates  
 Location/Practitioner Updates

<input type="checkbox"/> <b>Check here to add a new intermediary</b>	
Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	Fax Number:
Effective Date:	TIN:
<input type="checkbox"/> <b>Check here to term an intermediary on file with us</b>	
Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	Fax Number:
Effective Date:	TIN:
<input type="checkbox"/> <b>Check here to update intermediary information on file with us</b>	
Organization Name:	
Address (Street, City, State, Zip):	
Phone Number:	Fax Number:
Effective Date:	TIN:

**Provider Statement: I certify that the information on this form is true and correct. I will notify UCare of any changes to this information.**

Location/Provider Name:	
Tax ID #:	NPI #:
Contact Name (Please Print):	Phone #:
Contact Title:	Email:
Contact Signature:	Date: