UCare

ONLINE FACILITY DEMOGRAPHIC CHANGE/UPDATE REQUEST FORM

Below is a grid that outlines which fields are required in order to submit the new Online Facility Demographic Change/Update Form. Please allow **60 days** from the date submitted for the form to be processed.

If you have any questions, please call UCare's Provider Assistance Center at (PAC) at 612-676-3300 or toll free at 1-888-531-1493.

What is required on the Demographic Change/Update Form? (i.e. TAX ID, Legal Name, Ownership, Physical and/or Billing Address, Phone or Fax Number Changes)		
Required	Facility Name	
	Facility Address	
	City	
	State	
	Zip	
Required	Languages: If your facility offers languages other than English.	If yes, choose Yes and select all that apply
Required	Office Hours	
Required (if your facility provides Urgent Care services)	Urgent Care Hours	
Required (For any option that you click, you must fill out the old information and the new information. If this information is incomplete, it will delay your request)	**Old Information**	**New Information**
TAX ID Number	X	X
W-9 (the W-9 will be another form, click the Complete W-9 button)	X	X
Legal Name	X	X
Ownership	X	X

Physical Address	X	X
Physical City	X	X
Physical State	X	X
Physical Zip	X	X
Billing Address	X	X
Billing City	X	X
Billing State	X	X
Billing Zip	X	X
Phone Number	X	X
Fax Number	X	X
Effective Date of Change	X	X