

MINNESOTA UNIFORM PRACTITIONER CHANGE FORM - Revised May 2021

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists. Not Subject to Credentialing: ER Physician, Hospitalist Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT; OT; SLP), Audiologist – *check with entity if unsure.*
 *If "NO", practitioner will not be included in the directory.

Demographic Verification and Authorization

Completed and authorized on behalf of the practitioner by:

Name/Title: _____ Date: _____

Organization Name: _____

Phone #: _____ FAX #: _____ E-Mail: _____

Practitioner Demographic Information for this Request

*****As shown on your state License*****

Last: _____ First: _____ MI: _____ SSN: _____

Title: MD DO MBBS Other _____ DOB: _____

DC DPM DDS Title: _____ Female Male

DEA: _____ State: _____ Type I NPI: _____ License Number: _____ State: _____

Languages spoken fluently to treat patients: _____

Race and/or ethnicity: (The following information is optional and may be used in provider directories to help members make informed choices and/or to help ensure that our network of providers is adequate to meet the needs of our members.)

Check here if you do not wish for your race and/or ethnicity to be displayed in provider directories:

Select one or more categories:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other:	

ADD/REMOVE Practitioner

Practicing as: Primary Care Specialist Urgent Care Locum Tenens Hospitalist/Hospital-based

Teaching/Research only Moonlighting Resident Other

Clinic Hospital Clinic/Hospital Name: _____

Address: _____ City/State: _____ Zip: _____

Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Effective Date: _____ Practicing Specialty at this Site: _____ Primary Site? YES NO

ADD	REMOVE	Remove ALL sites for this TIN? YES NO	Remove Reason:
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Practicing as: Primary Care Specialist Urgent Care Locum Tenens Hospitalist/Hospital-based

Teaching/Research only Moonlighting Resident Other

Clinic Hospital Clinic/Hospital Name: _____

Address: _____ City/State: _____ Zip: _____

Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Effective Date: _____ Practicing Specialty at this Site: _____ Primary Site? YES NO

ADD	REMOVE	Remove ALL sites for this TIN? YES NO	Remove Reason:
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CHANGE Practitioner Demographic Data

Effective Date of Change:

Old:	New:
Last Name: _____	Last Name: _____
First Name: _____ MI: _____	First Name: _____ MI: _____
Specialty: _____	Specialty: _____
License #: _____ State: _____	License #: _____ State: _____
DEA #: _____	DEA #: _____

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

Check here if you have additional Site Location Addendum forms attached.

THE FOLLOWING SITE LOCATION ADDENDUM FORM IS USED IN CONJUNCTION WITH THE MINNESOTA UNIFORM PRACTITIONER CHANGE FORM WHEN ADDING OR REMOVING PRACTITIONERS FROM MORE THAN TWO SITES. THIS FORM WILL ONLY BE ACCEPTED WHEN IT IS ACCOMPANIED BY A COMPLETED MINNESOTA UNIFORM PRACTITIONER CHANGE FORM.

SITE LOCATION ADDENDUM

(Please make as many extra copies as necessary)

ADDITIONAL LOCATION(s) FOR:

Last: _____ First: _____ MI: _____ NPI: _____

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Hospitalist/Hospital-based					
<input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Other					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Effective Date: _____	Practicing Specialty at this Site: _____			Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADD	REMOVE	Remove ALL sites for this TIN? YES NO		Remove Reason: _____	

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Hospitalist/Hospital-based					
<input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Other					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Effective Date: _____	Practicing Specialty at this Site: _____			Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADD	REMOVE	Remove ALL sites for this TIN? YES NO		Remove Reason: _____	

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Hospitalist/Hospital-based					
<input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Other					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Effective Date: _____	Practicing Specialty at this Site: _____			Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADD	REMOVE	Remove ALL sites for this TIN? YES NO		Remove Reason: _____	

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Hospitalist/Hospital-based					
<input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Other					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Effective Date: _____	Practicing Specialty at this Site: _____			Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADD	REMOVE	Remove ALL sites for this TIN? YES NO		Remove Reason: _____	