

	<b>Contracted Entity Location Add/Remove Form</b>		SCHA # 5079 v5 (12/2023)
	Submit Fax Request to: 507-444-7774  Or Email to: providerinfo@mnscha.org	Or Mail to: South Country Health Alliance Attn: Contracting 6380 Frontage Rd W. Medford, MN 55049	SCHA Provider Network 866-722-7770

**LOCATION ADDITIONS/REMOVALS MUST BE SUBMITTED WITHIN 30 DAYS PRIOR TO THE EFFECTIVE DATE.**  
 Incomplete Facility Change/Update Form or missing W-9 Form will delay the change process.  
 Please submit a W-9 with this completed form.

Location Information				
Type of Request:	<input type="checkbox"/> Add Location <input type="checkbox"/> Remove Location			
Location Name:				
Requested Effective Date:				
Location Address:				
	City:	State:	Zip:	County:
Location NPI:				
Location Phone:			Location Fax:	
Contracting Contact Name:				
Contracting Contact Phone:				
Specialties:				
Location Type:	<input type="checkbox"/> Primary Care <input type="checkbox"/> Specialty Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Other			
Hospital Affiliations (if any)				
Practitioners:	Please list practitioners on Page 2 of this form.			
Directory Suppressed:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Information				
Mailing Address:			City:	State:    Zip:

Billing Information				
Billing Address:			City:	State:    Zip:
Billing Phone:				
Tax ID:				

Comments:
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# Contracted Entity Location Add/Remove Form

SCHA # 5079 (11/2023)

**List all practitioners affiliated with the facility:**

All practitioners must be credentialed with SCHA prior to being added to each location. To ensure credentialed practitioners are properly enrolled with the new site, please complete a Minnesota Uniform Practitioner Change Form.

If a practitioner is new or has not started, please complete, and submit the Minnesota Uniform Credentialing Application on the Minnesota Credentialing Collaborative (MCC) web portal - Minnesota Credentialing Collaborative > Home (mncred.org).

Add or Remove	Last Name	First Name	MI	Degree	Specialty	NPI/UMPI

**Is the new location a primary care location:**  Yes  No

**If yes, please check the following box that is applicable to your location.**

- Family Practice     
  Internal Medicine     
  Pediatric     
  OB/GYN

**Hospital privileges (where do you admit your patients to)?**

**Please check:**  New location  Existing location

**Check all special restrictions you have:**

- Age/gender restrictions: *please list:*
- For American Indians only
- No nursing home visits
- Not accepting new patients
- Nursing home residents only
- Provide only telehealth services

**If you are a family practice location, please check all special services you provide:**

- Behavioral health       Pharmacy       Midwives       Female providers
- Dental services       WIC on site       OB care on site       Multi-specialty
- Mammogram       Child care on site       Public health nursing       Optical
- Nutrition       Education classes       Chiropractic care       Ultrasound

<b>Completed by:</b>	<b>Date:</b>
<b>Contact Person's Phone Number:</b>	<b>Email Address:</b>