

MINNESOTA UNIFORM PRACTITIONER CHANGE FORM – Revised May 2009

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists Not Subject to Credentialing: ER Physician, Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT;OT; SLP), Audiologist – *check with entity if unsure*

Demographic Verification and Authorization

Completed and authorized on behalf of the practitioner by:

Name: _____
 Clinic Name: _____
 Phone #: _____ FAX #: _____ E-Mail: _____
 Signature: _____ Title: _____ Date: _____

Practitioner Demographic Information for this Request

Last: _____ First: _____ MI: _____ SSN: _____
 Title: MD DO DDS Other Title: _____ DOB: _____
 DC DPM Ph.D Female Male
 DEA: _____ State: _____ Type I NPI: _____ Medicaid ID: _____ State: _____
 License Number: _____ State: _____ Languages Spoken Fluently: _____

ADD/REMOVE Practitioner

<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____		Phone: _____
Address: _____		City/State: _____ Zip: _____
Tax ID: _____	Type 2 NPI for this site: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO
Effective Date: _____	Practicing Specialty at this Site: _____	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/> Remove Reason: _____

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

ADD/REMOVE Practitioner

<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____		Phone: _____
Address: _____		City/State: _____ Zip: _____
Tax ID: _____	Type 2 NPI for this site: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO
Effective Date: _____	Practicing Specialty at this Site: _____	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/> Remove Reason: _____

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

ADD/REMOVE Practitioner

<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____		Phone: _____
Address: _____		City/State: _____ Zip: _____
Tax ID: _____	Type 2 NPI for this site: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO
Effective Date: _____	Practicing Specialty at this Site: _____	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/> Remove Reason: _____

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

CHANGE Practitioner Demographic Data

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

Effective Date of Change: _____

(Please attach copy of NEW DEA Certificate to this form)

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 THREE SITES. THIS FORM WILL ONLY BE ACCEPTED WHEN IT IS ACCOMPANIED BY A COMPLETED MINNESOTA UNIFORM PRACTITIONER CHANGE FORM.

SITE LOCATION ADDENDUM

Must indicate if the additional site(s) are being ADDED or REMOVED

ADDITIONAL LOCATION(s) FOR:

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

ADD/REMOVE Practitioner			
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:
List additional practice locations to ADD/REMOVE on this Site Location Addendum and attach to the MN Uniform Change form.			

ADD/REMOVE Practitioner			
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:
List additional practice locations to ADD/REMOVE on this Site Location Addendum and attach to the MN Uniform Change form.			

ADD/REMOVE Practitioner			
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:
List additional practice locations to ADD/REMOVE on this Site Location Addendum and attach to the MN Uniform Change form.			

ADD/REMOVE Practitioner			
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:
List additional practice locations to ADD/REMOVE on this Site Location Addendum and attach to the MN Uniform Change form.			