Blue Cross and Blue Shield of Minnesota
Individual PCA Data Sheet
Fax to: (651) 662-6684 or
Mail to: BCBSMN PDO, R316
P.O. Box 64560
St. Paul, MN 55164-0560

Please complete this form when adding or terminating an invididual PCA service provider in a supervisory or non-supervisory role.

If you have any questions, contact Provider Service at (651) 662-5200 or 1-800-262-0820.

Agency Information

Date of Request:

PCA Agency Name: BCBSMN ID #:

Street: PCA Agency NPI/UMPI #:

City: St: Zip: PCA Agency Tax ID #:

PCA Information

Effective Date: ☐ Add to this location ☐ Term from this location

Last Name: First Name: Mid Init:

Social Security #: NPI/UMPI #: Gender: Date of Birth:

Title: Supervisory position:

Effective Date: ☐ Add to this location ☐ Term from this location

Last Name: First Name: Mid Init:

Social Security #: NPI/UMPI #: Gender: Date of Birth:

Title: Supervisory position:

Effective Date: ☐ Add to this location ☐ Term from this location

Last Name: First Name: Mid Init:

Social Security #: NPI/UMPI #: Gender: Date of Birth:

Title: Supervisory position:

Effective Date: ☐ Add to this location ☐ Term from this location

Last Name: First Name: Mid Init:

Social Security #: NPI/UMPI #: Gender: Date of Birth:

Title: Supervisory position:

Person Completing Form: Signature:

E-Mail Address: Phone #: Fax #:

Submit by Email **Print**

The Sender of this Form represents and warrants that he/she is authorized to submit these changes on behalf of the Provider.

By submitting this Form, the Sender attests that he/she has verified the qualifications of any Qualified Developmental Disabilities Specialists noted on this form, per MN State Statute 245B.07 Subdivision 4.

To add more individual PCA service providers, please complete and submit a new Individual Data sheet