MINNESOTA UNIFORM PRACTITIONER CHANGE FORM – Revised March 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

☐ Clinic ☐ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☐ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES**☐ **NO**☐		**Remove Reason:**

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

ADD/REMOVE Practitioner

☐ Clinic ☐ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☐ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES**☐ **NO**☐		**Remove Reason:**

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

ADD/REMOVE Practitioner

☐ Clinic ☐ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☐ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES**☐ **NO**☐		**Remove Reason:**

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

CHANGE Practitioner Demographic Data

Old:	**New:**
Last Name: ____________	Last Name: ____________
First Name: ____________ MI: ______	First Name: ____________ MI: ______
Specialty: ____________	Specialty: ____________
License #: ____________ (Include State)	License #: ____________ (Include State)
DEA #: ____________	DEA #: ____________ (Please attach copy of NEW DEA Certificate to this form)
Type I NPI #: ____________	Type I NPI #: ____________

Effective Date of Change:

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			
☐ Clinic ☐ Hospital Clinic/Hospital Name:			Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:		Directory Suppress? ☐ YES ☐ NO
Effective Date:	Practicing Specialty at this Site:		Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐		**Remove Reason:**
List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.			

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

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

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