

MINNESOTA UNIFORM PRACTITIONER CHANGE FORM – Revised April 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 * DC * DPM * Ph.D Other Title: _____ DOB: _____

* 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

| | |
|---------------------------------|---------------------------------|
| <u>Old:</u> Last Name: _____ | <u>New:</u> Last Name: _____ |
| First Name: _____ MI: _____ | First Name: _____ MI: _____ |
| Specialty: _____ | Specialty: _____ |
| License #: _____ | License #: _____ |
| DEA #: _____ (Include State) | DEA #: _____ (Include State) |
| Type I NPI #: _____ | Type I NPI #: _____ |

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

Effective Date of Change: _____