



### ONLINE FACILITY/CLINIC CLOSING FORM

Below is a grid that outlines which fields are required in order to submit the new Online Facility/Clinic Closing Form.

If you have questions with regards to filling out the form please call UCare’s Provider Demographic Support Line at **612-676-8959**.

If you are calling to obtain a “**status check**,” please call UCare’s Provider Assistance Center at **612-676-3300** or toll free at **1-888-531-1493**.

What is required on the Facility/Clinic Closing Form?		
<b>Required</b>	Facility Name	
	Facility Address	
	City	
	State	
	Zip	
	TIN	
	Closing Date	
	Closing Reason	
	Contact Person Name	
	Phone Number	
	Signature (Type Full Name)	
<b>If Available</b>		
	NPI	
	UMPI	
	UCare Legacy Number	
	Group Practice Number	
	Closing Reason	
	Email Address (to receive confirmation)	