



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 any questions, 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?		
Required	Facility Name	
	Facility Address	
	City	
	State	
	Zip	
	TIN	
	Closing Date	
	Contact Person Name	
	Phone Number	
	Signature (Type Full Name)	
If Available		
	NPI	
	UMPI	
	UCare Legacy Number	
	Group Practice Number	
	Closing Reason	
	Email Address (to receive confirmation)	