Financial Report Designated Representative Form

Please use this form to notify UCare of your organization's designated representative in retrieving the financial reports. Effective 1/1/12, access to **all** financial reports will be in a separate category labeled "Care System Reporting" in the UCare Provider Portal. Please note that before we can approve the designated representative for your organization, this person must already have an established username and password to the UCare Provider Portal.

Please complete all of the fields below, as they are required for UCare to review, and please provide the designated representative's information only.

Request Type

☐ New Designated Representative ☐ Change of Designated Representative

First and Last Name

Job Title

Phone Number:

E-mail Address

UCare Provider Portal Username

Name of Care System or County

Please fax or e-mail the completed to form to UCare in one of two ways:

- Fax to **612-884-2078**.
- E-mail to **access@ucare.org**.

The designated representative will receive an e-mail message confirming the approval status from UCare within 3-5 business days.