



## ONLINE FACILITY CHANGE FORM - DEMOGRAPHIC CHANGE/UPDATE

Below is a grid that outlines which fields are required in order to submit the online Facility Change Form - Demographic Change/Update. Please allow **30 days** from the date submitted for the form to be processed.

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 Demographic Change/Update form? (i.e. TAX ID, Legal Name, Ownership, Physical and/or Billing Address, Phone or Fax Number Changes)		
<b>Required</b>	Facility Name	
	Facility Address	
	City	
	State	
	Zip	
<b>Required</b>	Languages: If your facility offers languages other than English.	If yes, choose “Yes” and select all that applies.
<b>Required</b>	Office Hours	
<b>Required (if your facility provides Urgent Care services)</b>	Urgent Care Hours	
<b>Required</b> (For any option that you click, you must fill out the old information and the new information. If this information is incomplete, it will delay your request.)	<b>Old Information</b>	<b>New Information</b>
<b>TAX ID Number</b>	X	X
<b>W-9</b> (The W-9 will be another form. Click the “Complete W-9” button.)	X	X
<b>Legal Name</b>	X	X
<b>Ownership</b>	X	X
<b>Physical Address</b>	X	X
<b>Physical City</b>	X	X
<b>Physical State</b>	X	X
<b>Physical Zip</b>	X	X
<b>Billing Address</b>	X	X
<b>Billing City</b>	X	X
<b>Billing State</b>	X	X
<b>Billing Zip</b>	X	X
<b>Phone Number</b>	X	X
<b>Fax Number</b>	X	X
<b>Effective Date of Change</b>	X	X