



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.

If you have any questions, please call UCare’s Provider Assistance Center at **612-676-3300** or **1-888-531-1493** toll free.

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)		
Required	Facility Name	
	Facility Address	
	City	
	State	
	Zip	
Required	Languages: If your facility offers languages other than English.	If yes, choose “Yes” and select all that applies.
Required	Office Hours	
Required (if your facility provides Urgent Care services)	Urgent Care Hours	
Required (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.)	Old Information	New Information
TAX ID Number	X	X
W-9 (The W-9 will be another form. Click the “Complete W-9” button.)	X	X
Legal Name	X	X
Ownership	X	X
Physical Address	X	X
Physical City	X	X
Physical State	X	X
Physical Zip	X	X
Billing Address	X	X
Billing City	X	X
Billing State	X	X
Billing Zip	X	X
Phone Number	X	X
Fax Number	X	X
Effective Date of Change	X	X