

**MINNESOTA UNIFORM PRACTITIONER CHANGE FORM – Revised March 2009**

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists Not Subject to Credentialing: ER Physician, Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT;OT; SLP), Audiologist – *check with entity if unsure*

**Demographic Verification and Authorization**

**Completed and authorized on behalf of the practitioner by:**

Name: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Practitioner Demographic Information for this Request**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Title:  MD  DO  DDS  Other Title: \_\_\_\_\_ DOB: \_\_\_\_\_  
 DC  DPM  Ph.D  Female  Male  
 DEA: \_\_\_\_\_ State: \_\_\_\_\_ Type I NPI: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ State: \_\_\_\_\_  
 License Number: \_\_\_\_\_ State: \_\_\_\_\_ Languages Spoken Fluently: \_\_\_\_\_

**ADD/REMOVE Practitioner**

<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital		Clinic/Hospital Name:	Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

**ADD/REMOVE Practitioner**

<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital		Clinic/Hospital Name:	Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

**ADD/REMOVE Practitioner**

<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital		Clinic/Hospital Name:	Phone:
Address:		City/State:	Zip:
Tax ID:	Type 2 NPI for this site:	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Effective Date:	Practicing Specialty at this Site:	Primary Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE	Remove ALL sites for this TIN? YES <input type="checkbox"/> NO <input type="checkbox"/>	Remove Reason:

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

**CHANGE Practitioner Demographic Data**

<b>Old:</b>	<b>New:</b>
Last Name: _____	Last Name: _____
First Name: _____ MI: _____	First Name: _____ MI: _____
Specialty: _____	Specialty: _____
License #: _____ (Include State)	License #: _____ (Include State)
DEA #: _____	DEA #: _____ (Please attach copy of NEW DEA Certificate to this form)
Type I NPI #: _____	Type I NPI #: _____
<b>Effective Date of Change:</b> _____	