



Non-Credentialed Practitioner Add/Change Form

Below is a grid that outlines which fields are required in order to submit Add or Changes for Non-Credentialed Practitioner's and which fields are optional. Please be sure to complete all the required fields. 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**.

Required Fields	Sections	Fields
	Practitioner Verification and Authorization (Completed and authorized on behalf of the practitioner by:)	<ul style="list-style-type: none"> • Name. • Title. • Clinic Name. • Phone.
	Clinic/Hospital Information	<ul style="list-style-type: none"> • Clinic Name. • Address. • City. • State. • Zip. • Phone. • TIN. • NPI. • Practicing Specialty
	Practitioner Demographic Information	<ul style="list-style-type: none"> • Last Name. • First Name. • DOB. • Gender. • Specialty • NPI. • Practitioner Effective Date • Add/Remove Practitioner
	Signature	<ul style="list-style-type: none"> • Type Full Name

Optional Fields If available, please provide.	Sections	Fields
	Practitioner Verification and Authorization (Completed and authorized on behalf of the practitioner by:)	<ul style="list-style-type: none"> • Fax. • E-mail. (If you wish to receive an e-mail confirmation.)
	Practitioner Demographic Information	<ul style="list-style-type: none"> • MN Medicaid ID. • UPIN. • DEA. • License Number. • State. • Languages.