

## Provider Feedback Form

The *UCare Minnesota Provider Manual* was developed to assist you when you encounter a UCare Minnesota member. We hope that this is a user friendly guide to our health plan. Once you have used this manual, we would appreciate any feedback you may have, especially any additions you would recommend.

**Comments:**

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**Name of Facility:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

Please return to:

UCare Minnesota  
Attention: Provider Network Management  
P.O. Box 52  
Minneapolis, MN 55440-0052