



Provider Manual Feedback Form

The UCare Provider Manual was developed to assist you when you encounter a UCare member. We hope 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:

Name of facility: _____

Your name: _____

Your phone number: _____

Please return this form to:

UCare
P.O. Box 52
Attention: Provider Network Management
Minneapolis, MN 5544-0052