

**MINNESOTA UNIFORM PRACTITIONER CHANGE FORM - Revised January 2020**

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists. Not Subject to Credentialing: ER Physician, Hospitalist Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT; OT; SLP), Audiologist – *check with entity if unsure.*  
 \*If "NO", practitioner will not be included in the directory.

**Demographic Verification and Authorization**

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

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Practitioner Demographic Information for this Request**

\*\*\*\*\*As shown on your state License\*\*\*\*\*

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_

Title:  MD  DO  MBBS  Other Title: \_\_\_\_\_ DOB: \_\_\_\_\_

DC  DPM  DDS  Female  Male

DEA: \_\_\_\_\_ State: \_\_\_\_\_ Type I NPI: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Languages spoken fluently to treat patients: \_\_\_\_\_

**ADD/REMOVE Practitioner**

Practicing as:  Primary Care  Specialist  Urgent Care  Locum Tenens  Moonlighting Resident  Hospitalist  
 Hospital Based only  Teaching/Research only  Other (specify) \_\_\_\_\_

Clinic  Hospital Clinic/Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Effective Date: \_\_\_\_\_ Practicing Specialty at this Site: \_\_\_\_\_ Primary Site?  YES  NO

ADD  REMOVE Remove ALL sites for this TIN? YES  NO  Remove Reason: \_\_\_\_\_

**ADD/REMOVE Practitioner**

Practicing as:  Primary Care  Specialist  Urgent Care  Locum Tenens  Moonlighting Resident  Hospitalist  
 Hospital Based only  Teaching/Research only  Other (specify) \_\_\_\_\_

Clinic  Hospital Clinic/Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Effective Date: \_\_\_\_\_ Practicing Specialty at this Site: \_\_\_\_\_ Primary Site?  YES  NO

ADD  REMOVE Remove ALL sites for this TIN? YES  NO  Remove Reason: \_\_\_\_\_

**CHANGE Practitioner Demographic Data**

**Effective Date of Change:**

<b>Old:</b> Last Name: _____ First Name: _____ MI: _____ Specialty: _____ License #: _____ State: _____ DEA #: _____	<b>New:</b> Last Name: _____ First Name: _____ MI: _____ Specialty: _____ License #: _____ State: _____ DEA #: _____
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THE FOLLOWING SITE LOCATION ADDENDUM FORM IS USED IN CONJUNCTION WITH THE MINNESOTA UNIFORM PRACTITIONER CHANGE FORM WHEN ADDING OR REMOVING PRACTITIONERS FROM MORE THAN TWO SITES. THIS FORM WILL ONLY BE ACCEPTED WHEN IT IS ACCOMPANIED BY A COMPLETED MINNESOTA UNIFORM PRACTITIONER CHANGE FORM.

## SITE LOCATION ADDENDUM

**(Please make as many extra copies as necessary)**

**ADDITIONAL LOCATION(s) FOR:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ NPI: \_\_\_\_\_

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Hospitalist					
<input type="checkbox"/> Hospital Based only <input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Other (specify) _____					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: _____	

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Hospitalist					
<input type="checkbox"/> Hospital Based only <input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Other (specify) _____					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: _____	

ADD/REMOVE Practitioner					
Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Hospitalist					
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Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: _____	

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Practicing as: <input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Urgent Care <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Moonlighting Resident <input type="checkbox"/> Hospitalist					
<input type="checkbox"/> Hospital Based only <input type="checkbox"/> Teaching/Research only <input type="checkbox"/> Other (specify) _____					
<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital Clinic/Hospital Name: _____					
Address: _____			City/State: _____		Zip: _____
Tax ID: _____	Type 2 Site NPI: _____	Directory Suppress? <input type="checkbox"/> YES <input type="checkbox"/> NO	Regularly Sees Patients Here at Least Once Per Week? YES <input type="checkbox"/> *NO <input type="checkbox"/>	Accepting New Patients? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: _____	

<b>List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.</b>					
<input type="checkbox"/> Check here if you have additional Site Location Addendum forms attached.					