

Contracted Entity Update Form

Submit Fax Request to: 507-444-7774

Or Email to: providerinfo@mnscha.org

Or Mail to: South Country Health Alliance Attn: Contracting 6380 West Frontage Road Medford, MN 55049 SCHA Provider Network 866-722-7770

SCHA # 5073 v5 (12/2023)

CHANGES MUST BE SUBMITTED WITHIN 30 DAYS PRIOR TO THE CHANGE EFFECTIVE DATE.

Incomplete Contracted Entity Update Form or missing W-9 Form will delay the change process.

Please submit a W-9 with your new tax identification number, legal name and/or billing address changes with this completed form.

Contracted Entity Name:	_		_			_			
Effective Date of Change:									
Tax ID Number:			Organizational NPI or UMPI:						
Provider's Change Information: Please check all information that is	applicable an	d complete the	information	below.)					
☐ Physical Address Location	☐ Physical Address Location ☐ Mailing Address			☐ Billing Address					
☐ NPI Number	☐ NPI Number ☐ Phone Number			Legal Name or add/remove a "dba"					
☐ Tax ID Number	Fax M	Number	Contract Contact Person Information						
Other Changes:									
Previous Information	1:		New Information:						
Legal Name:			Legal Na	Legal Name:					
Tax ID:	Tax ID:			Tax ID:					
NPI or UMPI:			NPI or U	NPI or UMPI:					
Address:			Address	Address:					
City:	State:	Zip:	City:		State:	Zip:			
Phone:		ı	Phone:		'				
Fax:			Fax:						
Hours:			Hours:						
Contract Contact Name:			Contract Contact Name:						
Contract Contact Email:			Contract Contact Email:						
Contract Contact Phone:			Contract Contact Phone:						
Other:			Other:						
Comments:									
Johnnenes.									
Completed By:			Date:						
Contact Person's Phone Number:			Email Address:						

List all practitioners affiliated with the facility:

All practitioners must be credentialed with SCHA prior to being added to each location. To ensure credentialed practitioners are properly enrolled with the new site, please complete a Minnesota Uniform Practitioner Change Form.

If a practitioner is new or has not started, please complete, and submit the Minnesota Uniform Credentialing Application on the Minnesota Credentialing Collaborative (MCC) web portal - Minnesota Credentialing Collaborative > Home (mncred.org).

Add or Remove	Last Name	First Name	MI	Degree	Specialty	NPI/UMPI