MINNESOTA UNIFORM PRACTITIONER CHANGE FORM - Revised April 2022

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.

			on and Autho ed on behalf o		titioner by	:						
Name/Title:			on bonan (or are prae		•				Date:		
Organizatio	n Name:											
Phone #:				FAX #:			_E-Mai	l:				
Practitio	ner Den	nograpł	nic Informatio	n for this l	Request							
	shown o	n your s	state License									
Last: _				First:				MI:		SSN:		
Title:	☐ MD [□ DO	☐ MBBS	Other					DOB:			
	□ DC [☐ DPM	☐ DDS	Title:					☐ Female		lale	
DEA:			State: _	Туре	e I NPI:			License	Number:		State:	
Language	es spoken	fluently t	o treat patients:	_								
		• •	The following informute to meet the n	•	•	e used in prov	ider dire	ctories to help n	nembers make infor	med choic	ces and/or to help ensure that	
	•		r your race and/or		,	rovider directo	ries:					
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more categories	٠.	Asian Black or Afri	can American		Other:				P	refer not to	say	
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□Teachi	ng/Resea	rch only	☐ Moonli	ghting Resid	lent	☐ Other						
Clinic	☐ Hosp	ital Clin	ic/Hospital Nam	ie:		.						
Address:						City/State				Zip:		
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	-		e locations					ntion Adde	endum and at	tach to	this form.	

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/REMO	OVE Prac	tition	er								
Practicing as: ☐ Primary Care Specialist ☐ Urgent Care ☐ Locum Tenens						m Tenens	☐ Hospitalist/Hospital-based				
☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other											
Clinic Hospital Clinic/Hospital Name:											
Address:					City/State:			Zip:			
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ADD/Remo	ove Pract	itione	er								
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☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other											
☐ Clinic ☐] Hospital	Clini	c/Hospital Name:								
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ADD/REMOVE Practitioner											
Practicing as: Primary Care Specialist Urgent Care Locum Tenens Hospitalist/Hospital-based											
☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other											
☐ Clinic ☐ Hospital Clinic/Hospital Name:											
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		-	Care ☐ Specialist ☐ Moonlighting Resident	_	Care ☐ ☐ Other	Locur	m Tenens	☐ Hospitalist/Ho	ospital	-based	
Practicing a ☐Teaching	/Research	n only	·	_		Locur	m Tenens	☐ Hospitalist/Ho	ospital	-based	
Practicing a Teaching Clinic Address:	/Research	only Clini	☐Moonlighting Reside/Hospital Name:	_			m Tenens	☐ Hospitalist/Ho	zip:		
Practicing a Teaching Clinic Address: Tax ID:	/Research	only Clini	☐Moonlighting Resi	_	Other City/State uppress?	e: Regularly		Hospitalist/Ho	Zip:	Accepting New Patients?	
Practicing a Teaching Clinic Address:	/Research	only Clini	☐Moonlighting Reside/Hospital Name:	dent Directory S TES	Other City/State uppress?	e: Regularly	/ Sees Patients	Here at Least Once Per \	Zip: Week?	Accepting New Patients? YES □ NO □	