The Minnesota Uniform Practitioner Change form is used by all Minnesota health plans to provide a common format for data collection.

Submit your updates online:

HealthPartners contracted providers are encouraged to submit practitioner and location changes using the secured Provider portal tool "Provider Data Profiles" for easiest and most efficient communications.

- Get confirmation of your submissions and access to check for completion.
- Changes done on-line can also generate a PDF for you to easily submit to other payers.
- Log in at HealthPartners.com/Provider. If you need an account or access to this valuable tool, contact your portal's site administrator or contact us.

Submit your updates manually:

Paper form submissions may take longer to process than online submissions, and confirmations of receipt or completion are not provided. In the event you need to submit the Minnesota Uniform Practitioner Change form manually there are two options:

- Preferred: email completed forms to ProviderData@HealthPartners.com.
- Fax completed forms to 952-853-8703.

Questions? Contract Provider Relations.

MINNESOTA UNIFORM PRACTITIONER CHANGE FORM - Revised May 2021

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 ☐ DC ☐ DPM ☐ DDS

Other Title: _____

DOB: _____

☐ Female ☐ Male

DEA: _____ State: _____ Type I NPI: _____ License Number: _____ State: _____

Languages spoken fluently to treat patients: _____

Race and/or ethnicity: *(The following information is optional and may be used in provider directories to help members make informed choices and/or to help ensure that our network of providers is adequate to meet the needs of our members.)*

Check here if you do not wish for your race and/or ethnicity to be displayed in provider directories: ☐

Select one or more categories:

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other: _____
☐ Hispanic or Latino
☐ Prefer not to say

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:

Address: | City/State: | Zip:

Tax ID: | Type 2 Site NPI: | Directory Suppress? ☐ YES ☐ NO | Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐ | Accepting New Patients? YES ☐ NO ☐

Effective Date: | Practicing Specialty at this Site: | Primary Site? ☐ YES ☐ NO

☐ **ADD** ☐ **REMOVE** | Remove ALL sites for this TIN? **YES** ☐ **NO** ☐ | **Remove Reason:**

Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Hospitalist/Hospital-based ☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address: | City/State: | Zip:

Tax ID: | Type 2 Site NPI: | Directory Suppress? ☐ Yes ☐ No | Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐ | Accepting New Patients? YES ☐ NO ☐

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:

Old:		**New:**	
Last Name:		Last Name:	
First Name:	MI:	First Name:	MI:
Specialty:		Specialty:	
License #:	State:	License #:	State:
DEA #:		DEA #:	

List additional practice locations to ADD/REMOVE on the Site Location Addendum and attach to this form.

☐ **Check here if you have additional Site Location Addendum forms attached.**

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: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Hospitalist/Hospital-based ☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

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 ☐ Hospitalist/Hospital-based ☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

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 ☐ Hospitalist/Hospital-based ☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

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 ☐ Hospitalist/Hospital-based ☐ Teaching/Research only ☐ Moonlighting Resident ☐ Other

☐ Clinic ☐ Hospital Clinic/Hospital Name:

Address:	City/State:	Zip:

Tax ID:	Type 2 Site NPI:	Directory Suppress? ☐ YES ☐ NO	Regularly Sees Patients Here at Least Once Per Week? YES ☐ *NO ☐	Accepting New Patients? YES ☐ NO ☐

Effective Date:	Practicing Specialty at this Site:	Primary Site? ☐ YES ☐ NO
☐ **ADD** ☐ **REMOVE**	Remove ALL sites for this TIN? **YES** ☐ **NO** ☐	**Remove Reason:**