UCare

ONLINE FACILITY/CLINIC CLOSING FORM

Below is a grid that outlines which fields are required in order to submit the new Online Facility/Clinic Closing Form. Please allow **60 days** from the date submitted for the form to be processed.

If you have any questions, please call UCare's Provider Assistance Center at (PAC) at 612-676-3300 or toll free at 1-888-531-1493.

What is required on the Facility/Clinic Closing Form		
Required	Facility Name	
	Facility Address	
	City	
	State	
	Zip	
	TIN	
	Closing Date	
	Closing Reason	
	Contact Person Name	
	Phone Number	
	Email	
Medical Records will be transferred to?	Clinic Name	
	Address	
	Phone	
	Signature (Type Full Name)	
If Available		
	NPI	
	UMPI	