

**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 **30 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.

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| --- | --- | --- |
| **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 |  |
|  | UCare Legacy Number |  |
|  | Group Practice Number |  |

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