

Provider Demographic Change Form

Submission of old or incomplete forms may be returned and/or lead to delays in processing your request. If the information being changed pertains to more than one location, complete a separate form for each location. Please include all clinic NPI numbers that this change applies to. If sending notification of a Tax ID change, please complete the Tax Identification Change Form which can be found on our provider website under “Administrative Updates”.

What's Changing? *Please check all that apply for this location.*

- | | | | | |
|-------------------|-----------------------------|-------------------------|------------------------------|-------------|
| Address | Phone Number | Hospital Affiliation(s) | Directory Suppression Status | NPI or UMPI |
| Legal or DBA Name | Office or Urgent Care Hours | Clinic Website | Accepting New Patients | |

Effective Date of Change:

TAX ID:

OLD INFORMATION: *Enter additional NPI or UMPIs in the Additional Information box near the bottom of*

Legal Business Name:

Doing Business As (DBA):

NPI or UMPI:

	Practice Address		Mailing Address <small>Complete if mail is not deliverable at physical address.</small>		Pay-to/Remit Address
Street		Street		Street	
Suite		Suite		Suite	
City		City		City	
State		State		State	
Zip		Zip		Zip	
Phone				Phone	
Website					

UPDATED INFORMATION: *If you are changing an address, please select the associated check box. Enter additional NPI or UMPIs in the Additional Information box near the bottom of page 2. Updated Legal Name should match W9 form.*

Legal Business Name:

Doing Business As (DBA):

NPI or UMPI:

	Practice Address		Mailing Address <small>Complete if mail is not deliverable at physical address.</small>		Pay-to/Remit Address
Street		Street		Street	
Suite		Suite		Suite	
City		City		City	
State		State		State	
Zip		Zip		Zip	
Phone				Phone	
Website					

Hospital Affiliation(s) *If more than one, please include them in the Additional Information box below.*

Hospital Name		Hospital Address	
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Accepting New Patients?		Directory Suppress?		Wheel Chair Access?		% of appointments held via telehealth or virtually?	
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Regular Clinic Office Hours *Examples for how you can enter this information: 4:00 pm, 5:30 pm, 9:00 am, etc.*

Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thu Open	Thu Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close

Urgent Care Office Hours *Examples for how you can enter this information: 4 pm, 5:30 pm, 9 am, etc.*

Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thu Open	Thu Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close

Accessibility

- Is your office, including parking, entry ways, and other relevant space handicap accessible?
- Are your exam rooms handicap accessible?
- Does your office have handicap accessible equipment?

Cultural Competency

Cultural and linguistic competence is the ability of managed care organizations and the providers within their network, to provide care to recipients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet recipients' social, cultural, and linguistic needs. The goal is a health care delivery system and workforce that can deliver the highest quality of care to every patient regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion, or socioeconomic status.

- Have the staff in your office completed cultural competency training in the past 12 months?
- If you answered 'yes' to the question above, please provide month/year

PLEASE ENTER ANY ADDITIONAL INFORMATION:

Name and title of person completing form:

The sender of this Form represents and warrants that he/she is authorized to submit these changes on behalf of the Provider.

Email address:

Phone:

Complete and save this form, then email to:

provider.data@bluecrossmn.com

Or mail to:

**Provider Data Operations
PO BOX 982809
EL PASO TX 79998-2809**

If you have any questions, contact Provider Service at (651) 662-5200 or 1-800-262-0820