



Minnesota Health Care Programs (MHCP)

Organization – MHCP Provider Profile Change Form

For changes in ownership or FEIN, call MHCP Provider Enrollment at (651) 431-2700 or 1-800-366-5411.

As a Minnesota Health Care Programs (MHCP) provider, you must keep MHCP Provider Enrollment informed of your most up-to-date information. Use this form to notify MHCP of the following (check all that apply):

- Name change, Alternate mailing address(es) change, Facility location address change, Terminate enrollment with MHCP

FACILITY DATA – all information required

Form with fields: NPI/UMPI, FEDERAL TAX ID NUMBER, MINNESOTA TAX ID, LEGAL NAME ACCORDING TO THE IRS (Do not abbreviate), DOING BUSINESS AS NAME, PROVIDER TYPE, PREVIOUS NAME (If applicable)

TERMINATE OUR ENROLLMENT PARTICIPATION WITH MHCP Effective Date ___/___/___

If you terminate your MHCP enrollment, you will no longer receive MHCP payment for services after the date you indicate below.

Form with fields: FORWARDING ADDRESS, CITY, STATE, ZIP CODE, PROVIDER SIGNATURE (Required), DATE

FACILITY LICENSES/CERTIFICATIONS

List below and enclose a copy of each current facility license and certification if applicable. Do not list individual provider’s licenses.

Table with 5 columns: License/Certification Number, Original Issue Date, End Date, Type of License/Certification, Issuing State

PROVIDER STATEMENT

I certify that the information provided on this form is accurate, complete and truthful. I will notify MHCP Provider Enrollment of any changes to this information.

I acknowledge that any misrepresentations in the information submitted to MHCP, including false claims, statements, documents, or concealment of a material fact, may be cause for denial or termination of participation as a Medicaid provider.

AUTHORIZED PROVIDER REPRESENTATIVE (type or print clearly)		
AUTHORIZED PROVIDER REPRESENTATIVE SIGNATURE (required)	TITLE	DATE __/__/__

Submit all required documentation below.

- All pages of this form
- Current copy of all licenses and certifications for facility, if applicable

Secure FAX: (651) 431-7462