

Care Provider Demographic Information Update

- The **My Practice Profile tool** on Link lets you view, update and attest to the care provider demographic information UnitedHealthcare members see for your organization. Use the tool to make demographic changes just one time, in one place — and get those updates into our systems more quickly. You can find instruction about updating your information at UHCprovider.com/mypracticeprofile.
- If you can't update demographic information online, use this form for a **single care provider practitioner** update. For practices with **two or more** care provider practitioners, please use the Group/Organization Demographic Information Update form at UHCprovider.com/mypracticeprofile.
- Incomplete forms will not be processed.
- UnitedHealthcare uses current data and the updates you provide to publish accurate care provider directories. By submitting this form, **you are confirming that these are the only changes needed at this time.**
- Fields with an asterisk (*) are required for practitioners providing care under all UnitedHealthcare plans.
- If additional space is required, please include a separate roster with this form.
- A **W-9 form** is required when adding new tax ID numbers and making name changes.
- Index: **Section I** – Single Care Provider and Group/Organization Association Information
Section II – Adding or Updating a Single Care Provider
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Section I – Single Care Provider and Group/Organization Association Information

***Care provider name:**

Last: _____ First: _____ MI: _____ Suffix: _____

This is a name change. *Attach a copy of the W-9 form for name changes.*

Previous Care Provider Name: _____

Effective Change Date (MM/DD/YYYY): _____

***Tax ID Number (TIN):** _____

Name of group or organization associated with this care provider/TIN: _____

Effective Change Date (MM/DD/YYYY): _____

Group/Organization National Provider Identifier (NPI) Number

Please refer to Section IV for details about NPI number requirements.

Is the group/organization an atypical provider?

Yes. NPI is not required.

No. *Complete the following NPI information:

NPI Number: _____
NPI Number Taxonomy Code: _____
NPI Number Issue Date (MM/DD/YYYY): _____
Basis for NPI Number: _____
NPI Number Level of Information: _____

Section II – Adding or Updating a Single Care Provider

Remove the following care provider (*all questions are required*)

Name: _____ NPI: _____

TIN: _____ Effective Date (MM/DD/YYYY): _____

The care provider is leaving the group/contract TIN for the following reason:

- Care Provider Retired Care Provider Deceased Care Provider Left Group
 Care Provider Not Affiliated with TIN/Contract Provider Left Service Area Voluntary
 Leave of Absence Incorrect Data Other (Personal, Sabbatical, etc.)

For PCPs no longer associated with a TIN, UnitedHealthcare will reassign members to the listed care provider when available: _____

If we aren't able to assign to your selected care provider, UnitedHealthcare will identify an acceptable replacement.

Add the following care provider (*all questions are required*)

When adding a new care provider, answers to all questions are required. When updating a care provider's information, fill out only the updated information.

1. Date of birth (MM/DD/YYYY): _____
2. Gender: Male Female Unknown
3. Does the care provider have a Medicare identification number? Yes: _____ No
4. Does the care provider have a Medicaid identification number? Yes: _____ No
5. Is the care provider a primary care provider (PCP) or specialist? PCP Specialist
6. Is the care provider hospital-based operating solely in a hospital? Yes No
7. Is the care provider a hospitalist? Yes No
8. Does the care provider have hospital affiliations? Yes No

If Yes, list the hospital names next to the type of admitting privilege, which indicates the hospital affiliation type.

- Active (AC): _____
- Active Admitting (ACT): _____
- Active Non-Admitting (NAC): _____
- Adjunction Staff (ADJ): _____
- Admitting (ADM): _____
- Affiliate (AFF): _____

- Assistant Adjunction (ATA): _____
- Assistant Attending (ACA): _____
- Associate (ASC): _____
- Attending (ATT): _____
- Clinical Privileges (CLP): _____
- Consulting (CON): _____
- Consulting Admitting (CN): _____
- Consulting Non-Admitting (NCN): _____
- Courtesy (COU): _____
- Courtesy Admitting (CT): _____
- Courtesy Non-Admitting (NCT): _____
- Deferred (DAP): _____
- Honorary (HON): _____
- Non-Admitting (NAN): _____
- Provisional Non-Admitting (NPR): _____
- Unknown (UNK): _____

9. Remove the following hospital affiliations (hospital names): _____

10. Is the care provider accepting UnitedHealthcare members as new patients? Yes No

Care provider isn't accepting UnitedHealthcare members as new or existing patients.

11. Does the care provider accept new Medicaid patients? Yes No

Care provider isn't accepting new or existing Medicaid patients.

12. Does the care provider accept new Medicare patients? Yes No

Care provider isn't accepting new or existing Medicare patients.

13. Care provider's email address: _____ Not applicable

a. Is this email address for an individual care provider or the email address for an office location?

Care Provider Location

b. List this email address in the care provider directory? Yes No

14. Care provider's website: _____ Not applicable

a. Is this an individual care provider's website or the website for an office location?

Care Provider Location

b. List this website in the care provider directory? Yes No

15. Is the practitioner an Indian Health Service provider? Yes No

16. Does the care provider have telehealth service capability? Yes No

17. National Provider Identifier (NPI) Number

Please refer to Section IV for details about NPI number requirements

Is the care provider an atypical provider?

Yes. NPI is not required.

No. *Complete the following NPI Number information:

NPI Number: _____

NPI Number Taxonomy Code: _____

NPI Number Issue Date (MM/DD/YYYY): _____

Basis for NPI Number: _____

NPI Number Level of Information: _____

18. Care provider's primary specialty: _____

a. Is the care provider board-certified for this specialty? Yes No

19. Care provider's secondary/sub-specialty: _____ Not available

20. Care provider's expertise (when applicable) with individuals:

With physical disabilities

With chronic illness

With HIV/AIDS

With serious mental illness

Who are homeless

Who are deaf or hard-of hearing

Who are blind or visually impaired

With co-occurring disorders

Who are transgender

Other specialties: _____

21. Care provider's Primary degree: _____ Secondary degree: _____

22. Care provider's board certifications: _____

23. Care provider's state licenses (please add dates as MM/DD/YYYY): _____

State: ____ License: _____ Effective Date: _____ Expiration Date: _____

State: ____ License: _____ Effective Date: _____ Expiration Date: _____

24. For mid-level care providers, list the supervising physician's information.

Name: _____ Specialty: _____

Mid-level care providers have a medical degree, but are not physicians. A mid-level provider can diagnose and treat patients under the supervision of a licensed physician or independently as allowed by state law and licensure.

25. Does the care provider have a Drug Enforcement Administration (DEA) registration number?

Yes: _____ Expiration Date (MM/DD/YYYY): _____ No

26. Care provider cultural competency training dates (MM/DD/YYYY)

a. Communication Skills – Interpreter Services (CIS)

Effective Date: _____ Expiration Date: _____

b. Communication Skills – Language Availability (CLA)

Effective Date: _____ Expiration Date: _____

c. Communication Skills – Soft Skills (CSS)

Effective Date: _____ Expiration Date: _____

d. Financially Challenged Patients (FCP)

Effective Date: _____ Expiration Date: _____

e. Homeless (HL)

Effective Date: _____ Expiration Date: _____

f. LGBT Communities (LGB)

Effective Date: _____ Expiration Date: _____

g. People with Disabilities (PWD)

Effective Date: _____ Expiration Date: _____

h. Refugee or Immigrant Patients (RIP)

Effective Date: _____ Expiration Date: _____

i. Senior Care (SC)

Effective Date: _____ Expiration Date: _____

j. Unspecified (UNS)

Effective Date: _____ Expiration Date: _____

27. Is the care provider an Essential Community Provider (ECP)? An ECP serves mostly low-income, medically underserved individuals. Yes No

Section III – Maintaining Taxpayer ID Numbers, Addresses and Contact Information

Updating the TIN may require also updating the corresponding address. Please make the address changes on this form as needed and attach a copy of the W-9 for TIN additions, changes or updates to the TIN legal owner.

*Tax ID Number (TIN) Change

Old TIN: _____ New TIN: _____

Legal Owner of New TIN: _____

Effective Date (MM/DD/YYYY): _____

Old TIN: If the care provider is a PCP, please provide the name of a care provider for member reassignment:

PCP Name: _____

UnitedHealthcare will reassign members to the listed care provider when available. If we are unable to assign to your selected care provider, UnitedHealthcare will identify an acceptable replacement.

TIN Addition

TIN: _____ Legal Owner of TIN: _____

Effective Date (MM/DD/YYYY): _____

Group or organization associated with the additional TIN:

TIN Maintenance

TIN: _____

Legal Owner Change (include copy of W-9)

Old Legal Owner: _____ New Legal Owner: _____

Effective Date (MM/DD/YYYY): _____

Telephone or Fax Number Update

TIN: _____

Provide any additional telephone or fax updates on a separate roster and include the following information.

Address associated with this update: Billing Practice Location Mailing Credentialing

Street: _____ Suite/Other: _____

City: _____ State: _____ County: _____ ZIP+4: _____

Phone Number Update Change Add only Delete only

TIN: _____

Add phone: _____ Extension: _____

Delete phone: _____ Extension: _____

Publish this practice location phone number change or add in the UnitedHealthcare care provider directory as:

- a. A UnitedHealthcare Community Plan participating care provider Yes No N/A
- b. A UnitedHealthcare Medicare Advantage contracted care provider Yes No N/A
- c. A UnitedHealthcare commercial participating care provider Yes No N/A

If you choose not to display the phone number in our directory, one of the following reasons must apply:

- Care provider is not active due to taking an extended leave of absence.
- Care provider is in the process of being removed from the UnitedHealthcare network.
- Care provider is under investigation for fraud, licensure or quality issues.
- Decline to publish care provider information because of one or more California-specific exemptions. Please attach a signed statement.
 - The care provider is currently enrolled in the state's [Safe at Home program](#).
 - The care provider fears for their safety or their family's safety because of their affiliation with a health care service facility or because they provide health care services.
 - This location, facility or any of its care providers, employees, volunteers or patients is or was the target of threats or acts of violence within the past year.

Fax Update Change Add only Delete only

Add fax: _____ Delete fax: _____

Address Updates

Delete Address

TIN: _____

Provide any additional addresses on a separate roster and include the following required information.

Address type: Billing Practice Location Mailing Credentialing

Street: _____ Suite/Other: _____

City: _____ State: _____ County: _____ ZIP+4: _____

Effective Date (MM/DD/YYYY): _____

Add Billing, Mailing or Credentialing Address

TIN: _____

Provide any additional addresses on a separate roster and include the following required information.

Address type: Billing Mailing Credentialing

Street: _____ Suite/Other: _____

City: _____ State: _____ County: _____ ZIP+4: _____

Phone: _____ Extension: _____ Fax: _____

Effective Date (MM/DD/YYYY): _____

Billing address correspondence: Primary Secondary None

Practice Location Address:

TIN: _____

Add New Address **Update Current Address**

Additional practice location addresses to be added for the group/organization must be listed on a separate roster with all following required/applicable information.

Street: _____ Suite/Other: _____

City: _____ State: _____ County: _____ ZIP+4: _____

Phone: _____ Extension: _____ Fax: _____

Effective Date (MM/DD/YYYY): _____

For this practice location address, all of the following information is required:

1. This is the primary practice location address. Yes No
2. The practice location address, for correspondence purposes, is: Primary Secondary None
3. For this practice location address, publish in the UnitedHealthcare care provider directory as:
 - a. A UnitedHealthcare Community Plan participating care provider Yes No N/A
 - b. A UnitedHealthcare Medicare Advantage contracted care provider Yes No N/A
 - c. A UnitedHealthcare commercial participating care provider Yes No N/A

Only care providers who regularly practice at the specified location may be listed in the directory.

If you choose not to display the address in our directory, one of the following reasons must apply:

- Care provider is not active due to taking an extended leave of absence.
- Care provider is in the process of being removed from the UnitedHealthcare network.
- Care provider is under investigation for fraud, licensure or quality issues.
- Decline to publish care provider information because of one or more California-specific exemptions. Please attach a signed statement.
 - The care provider is currently enrolled in the state's [Safe at Home program](#).
 - The care provider fears for their safety or their family's safety because of their affiliation with a health care service facility or because they provide health care services.
 - This location, facility or any of its care providers, employees, volunteers or patients is or was the target of threats or acts of violence within the past year.

4. National Provider Identifier (NPI) Number

Please refer to Section IV for details about NPI number requirements.

*NPI number associated with the practice location address (not required for atypical providers):
_____ Not applicable

NPI number issue date (MM/DD/YYYY) associated with the practice location address:

NPI number taxonomy code associated with the practice location address:

5. *Primary specialty associated with this practice location address:

6. Additional specialty associated with this practice location address:

a. Additional specialty effective date (MM/DD/YYYY): _____

7. This location's expertise (if applicable) with individuals:

- With physical disabilities
- With chronic illness
- With HIV/AIDS
- With serious mental illness
- Who are homeless
- Who are deaf or hard-of hearing
- Who are blind or visually impaired
- With co-occurring disorders
- Who are transgender
- Other specialties: _____

8. Practice location address office hours:

- Monday: _____ a.m. to _____ p.m. Closed Open 24 hours
- Tuesday: _____ a.m. to _____ p.m. Closed Open 24 hours
- Wednesday: _____ a.m. to _____ p.m. Closed Open 24 hours
- Thursday: _____ a.m. to _____ p.m. Closed Open 24 hours
- Friday: _____ a.m. to _____ p.m. Closed Open 24 hours
- Saturday: _____ a.m. to _____ p.m. Closed Open 24 hours
- Sunday: _____ a.m. to _____ p.m. Closed Open 24 hours

9. Is this location a Federally Qualified Health Center? Yes No

10. Is this location handicap accessible? Yes No

If Yes, select the types of accessibility:

- Exam Room (E)
- Exam Table/Scale/Chair (T)
- Exterior Building (EB)
- Gurneys & Stretchers (G)
- Interior Building (IB)
- Parking (P)
- Portable Lifts (PL)
- Restroom (R)
- Radiologic Equipment (RE)
- Signage & Documents (S)

11. List the languages associated with this practice location address, including American Sign Language, if applicable.

Spoken by:

Care Provider: _____

Staff: _____

Interpreter (ITP): _____

Interpreter and Care Provider (ITP PHYS): _____

Interpreter and Staff (ITP STAFF): _____

All: _____

Written by:

Care Provider: _____

Staff: _____

Interpreter (ITP): _____

Interpreter and Care Provider (ITP PHYS): _____

Interpreter and Staff (ITP STAFF): _____

All: _____

Is a skilled medical interpreter line available if this practice location doesn't have a skilled medical interpreter? Yes: (_____) _____ No

12. Patient age restrictions associated with this practice location (ages in numerals; 0-999):

13. Patient gender restrictions associated with this practice location:

Male Only Female Only No Restrictions Restrictions are Unknown

14. If the care provider is participating in a UnitedHealthcare Community Plan network at this location:

State: _____ Medicaid ID: _____

15. If the care provider is participating in a UnitedHealthcare Medicare or Medicare Advantage network at this location:

Medicare ID: _____

Section IV - National Provider Identifier (NPI) Number Definitions and Requirements

The National Provider Identifier (NPI) is a federal requirement; however, **atypical** providers are not required to have an NPI number. **Atypical** providers are individuals and organizations that furnish ‘atypical’ or non-traditional services that are indirectly health care related, such as taxi service, home and vehicle modifications, habilitation and respite services.

Basis for NPI Number	NPI Number Level of Information
C – Entity whose name is on the W-9	Tax ID number and name filed on the W-9: Legal owner of TIN - does not bill for medical services. Indicate if it's a Social Security number (SSN) or TIN.
D – Department	Department name: If the organization or sub-part was enumerated on the basis of a particular department, provide the Department Name that the NPI was based on, and designate this with a “D” in the “Basis for NPI” field. Insert the Department Name in the “Level Information” field.
L – License	License number and state or state code: If the organization or sub-part was enumerated by License, provide the state or state code and License Number that the NPI was based on, and designate this with an “L” in the “Basis for NPI” field. Insert the License Number and state or state code in the “Level Information” field.
P – Place of service address	Place of service address (street, city, state, ZIP+4) If the organization was enumerated by place of service address, provide the street address that the NPI was based on and designate this with a “P” in the “Basis for NPI” field. Insert the Place of Service address in the “Level Information” field. List NPI number for each Group/Organization Place of Service
T – Tax ID number and provider name	Tax ID number and Provider Name where care provider is not the same on the W-9, but bills with this TIN. Indicate whether the Tax ID number is a SSN or TIN.
X – Taxonomy	NUCC Taxonomy Code: If the organization or sub-part was enumerated by a NUCC Taxonomy code, provide the Taxonomy Code that the NPI was based on and designate this with an “X” in the “Basis for NPI” field. Place the NUCC Taxonomy Code in the “Level Information” field.
O – Other	Any other basis for the NPI number: Provide any other basis for NPI number in the “Basis for NPI Number” field and designate as “O”, with a description of the basis for that NPI in the “Level Information” field.
M – Name	Insert the name of the care provider (physician or allied health professional) in the “Level Information” field.

Section V – Sign and Submit

Submit completed forms, required information and any additional rosters to hpdemo@uhc.com.

*Person completing this form: _____ *Date: _____

Title: _____

*Telephone: (_____) _____ *Office Contact: _____

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