**Out-of-Network Provider Setup Form**

**Note:** This form is currently available for use by all providers with the exception of Personal Care Assistant,

Special Transportation, and Interpreter services.

**Initial setup  System update**

|  |  |
| --- | --- |
| **Clinic/Facility/Agency Name:** |  |
| **Federal Tax ID Number:** |  |
|  |  |
| Servicing Location Address |  |
| **Street:** |  |
| **City/State/ZIP Code:** |  |
| **Phone Number:** |  |
|  |  |
| Billing address (if different than above): |  |
| **Street:** |  |
| **City/State/ZIP Code:** |  |
|  |  |
| **Individual Provider Name:** |  |
| **Provider Credentials/Degree:** |  |
| **NPI/UMPI:**  **(National Provider Identifier or Unique Minnesota Provider Identifier)** |  |
| **Provider Specialty Type:** |  |

|  |  |
| --- | --- |
| **Medica Internal Use Only** | |
|  |  |
| **Provider number, if existing:** |  |
| **Effective date:** |  |
| **Termination date (if applicable):** |  |
| **Division(s):** |  |
|  |  |
| ISET only provider? | Yes  No |

**Additional Information needed:**

Please attach a copy of your W-9 and return the completed form to:

|  |  |
| --- | --- |
| Fax: | 952-992-8667 |
| Mail to: | Medica  Attn: Provider Service Center  Mail Route CP532  PO Box 9310  Minneapolis, MN 55440-9310 |

**Note: The fastest and easiest way to get set-up is by contacting the Provider Service Center at 1-800-458-5512; then fax the necessary forms directly to the representative you spoke with.**