



Minnesota Health Care Programs

Individual PCA Information Change Form

Complete at least all bolded fields to update an individual PCA record. We will return incomplete forms to you. Type or print clearly. Fax completed form to (651) 431-7462. NOTE: PCA affiliation with an additional agency requires completion and submission of Individual PCA Enrollment Application (DHS-4469) and Individual PCA Provider Agreement (DHS-4611).

PCA Agency Information

Form with fields: AGENCY NAME, AGENCY NPI/UMPI, AGENCY FAX NUMBER, AGENCY PERSONNEL COMPLETING FORM, AUTHORIZED AGENCY SIGNATURE

- Remove PCA from a health care group affiliation (Agency signature required) Effective Date
Terminate PCA from enrollment with MHCP (Agency signature required) Effective Date
Change PCA name - A name change request must be accompanied by court documentation, marriage license or divorce decree, current updated driver's license or social security number, etc. (Agency or PCA signature required) Effective Date
Change PCA address (Agency or PCA signature required) Effective Date

Individual PCA Information

Form with fields: PREVIOUS NAME, CURRENT LEGAL NAME (LAST), FIRST, MIDDLE, ADDRESS (RESIDENTIAL ADDRESS ONLY - DO NOT ENTER A PO BOX), UMPI, CITY, STATE, ZIP CODE, COUNTY OF RESIDENCE, SOCIAL SECURITY NUMBER, DATE OF BIRTH, DRIVER'S LICENSE, STATE OR TRIBAL IDENTIFICATION NUMBER, STATE OF ISSUE, Has this individual maintained continuous employment with your agency since this BGS was completed?, Is the individual 18 years or older?, STUDY NUMBER/REQUEST ID

Group Disaffiliation Information

You may disaffiliate the above-named PCA with other agencies you own.

Table with 3 columns: Organization/Agency Name, NPI/UMPI, Study ID

Individual PCA Provider Statement

I have reviewed and certify the information provided above is true and correct to the best of my knowledge. I will notify the Minnesota Department of Human Services Provider Enrollment of any additions and/or changes to the information.

Form with fields: NAME OF PCA (PLEASE PRINT OR TYPE), SIGNATURE OF PCA, DATE SIGNED