



Out of Network, National Medical & Dental Provider Update Form

HealthPartners Contracted Providers: Do not use this form. Log in to submit your changes directly online through the Provider Data Profiles application or [email us](#).

Name of the Facility

Federal Nine Digit Tax ID

Facility NPI (ORG type 2 if available) or Facility UMPI

Address

City

State

Zip Code

Phone #

Fax #

Please advise the information you would like updated

Contact Name

Contact Phone

Contact Fax

- Please note- if corporation information needs to be updated please include a W-9 as an attachment.

This form and any attachments may be faxed to ATTN Claims Dictionary at 651-265-1599, or sent via E mail to ClaimsDictionaryTechs@HealthPartners.com.