

HealthPartners
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Bloomington, MN 55425



healthpartners.com

Mailing Address:
PO Box 1309
Minneapolis, MN 55440-1309

OOO & National Medical & OOO Dental Provider Update Form

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.

How to fill and sign a PDF form:

1. Save a copy of the PDF you would like to complete
2. Open the PDF document in Acrobat.
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5. Sign your form: Click "Sign" in the toolbar at the top of the page. ...
6. Send your form: