



OUR PATIENTS
COME FIRST

September 7, 2016

RE: UOP Credentialing

Dear UOP Provider:

As many of you know, UOP re-credentials providers (MD's, DO's, PA's, and NP's) every 3 years. The re-credentialing process helps to keep our system updated on any business changes that may occur in your office. This process ensures the accuracy of the provider directory information for UOP and our participating health plans. It has come to our attention that some of our providers make changes to their business information without updating the UOP credentialing department until the next re-credentialing application is sent out.

Examples of some changes would be: location, phone or fax numbers, group name, tax ID, office manager, e-mail and etc.

In the instance that your office has made any changes to your business **within the last 3 years or after completing your most recent re-credentialing application**, please fill out the attached form and email it to nada@uopdocs.com or fax it to 313-240-9881. Please contact Nada in the credentialing department at 313-240-9867 ext. 19 should you need any further information.

Sincerely,

Nada Almadhagi, B.A
Credentialing and Provider Services

Enc: Office information form

UOP, LLC

Please Print Clearly or Type. **Highlighted Fields Must Be Answered**

Last: _____ **First:** _____ **MI:** _____ **Title:** _____

Primary Practice Name: _____

Tax ID: _____ **Group NPI:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

E-Mail Address: _____ **Office Manager:** _____

Office Phone: _____ **Office Fax:** _____ **Beeper:** _____

Secondary Practice Name: _____ **Start Date:** _____

Tax ID: _____ **Group NPI:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

E-Mail Address: _____ **Office Manager:** _____

Office Phone: _____ **Office Fax:** _____ **Beeper:** _____

****If there are no changes in your office, please disregard this form.****