How to apply for an individual NPI (National Provider Identifier) on line

1. Go to <u>https://nppes.cms.hhs.gov/NPPES/Welcome.do</u>

| 2. | Double click on Nat | tional Provider Identifier (N | PI) |
|---|--|---|---|
| National Pla | n & Provider Enumeration System - Ho | ome Page - Microsoft Internet Explorer | |
| File Edit View | Favorites Tools Help | | 4 |
| G Back • 🐑 |) - 💌 😰 🏠 🔎 Search 👷 Favorito | es 🕢 🍰 🖷 - 🛄 🗱 🐴 | |
| Address a https | ://nppes.cms.hhs.gov/NPPES/Welcome.do | | 💙 🔂 Go 🛛 Links 🎽 |
| | IPPES | | |
| Netional Plan & Pl | rovider Enumeration System | | Help |
| | Natio | onal Plan and Provider Enumeration System | n (NPPES) |
| The Administra health care pro Centers for Me | tive Simplification provisions of the Health viders and health plans. The purpose of the dicare & Medicaid Services (CMS) has de | h Insurance Portability and Accountability Act of 1996 (H ese provisions is to improve the efficiency and effectivene eveloped the National Plan and Provider Enumeration | IPAA) mandated the adoption of standard unique identifiers for so of the electronic transmission of health information. The System (NPPES) to assign these unique identifiers. |
| If you are a Hea | alth Care Provider, the National Provider | Identifier (NPI) is your standard unique identifier. | |
| A standard ide | ntifier has not yet been adopted for health | plans. | |
| Search the NPI | Registry. The NPI Registry enables you with the NPPES Data Dissem by the NPI or Legal Business | to search for a provider's NPPES information. All informa ination Notice. You may run simple queries to retrieve this Name. There is no charge to use the NPI Registry. | tion produced by the NPI Registry is provided in accordance read-only data. For example, users may search for a provider |
| About NPPE | S | | |
| CMS has contr | acted with Fox Systems, Inc. to serve as th | he NPI Enumerator. | |
| The NPI Enume | erator is responsible for assisting health ca | are providers in applying for their NPIs and updating their i | nformation in NPPES. |
| The NPI Enume | erator may be contacted as follows: | | |
| | By phone: | By e-mail at: | By mail at: |
| FOX Systems, Inc. | 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY) | customerservice@npienumerator.com | NPI Enumerator PO Box 6059 Fargo, ND 58108-6059 |
| см | Centers for Medicare & M | ledicaid Services | epartment of Health and Human Services |
| | | | |
| 8 | | | 🔒 🐢 Internet |
| 🐮 start | 🗧 🧿 健 🥮 Re: House 🔛 pde | odx.mc 🛛 📓 8 Micros 🔹 🛃 8 Micros 👻 🚮 2 Ado | be 👻 🔛 Document 🗿 National Pl 🔣 👰 😓 11:19 AM |
| | | | |

3. Select Apply Online for an NPI

| National Provider System - Microsoft Internet Explorer | |
|--|--|
| File Edit View Favorites Tools Help | |
| 🔇 Back • 🔘 · 🖹 🖻 🐔 🔎 Search 👷 Favorites 🙆 🍰 • | - 😓 🔳 - 🛄 🛍 🚳 |
| Address a https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static | .npistart 🛛 😴 Go Links ** |
| Retonal Plan & Provider Enumeration System | Home |
| National Provider Identifier | |
| For Health Care Providers | |
| The Administrative Simplification provisions of the <i>Health Insurance</i> P health care providers. The National Plan and Provider Enumeration Sys Provider Identifier (NPI) . | ortability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for stem (NPPES) collects identifying information on health care providers and assigns each a unique National |
| Need an NPI?> | Apply Online for an NPI Estimated time to complete the NPI application form is 20 minutes. Click here to see tips to expedite your NPI application before you begin your application. |
| Want to View or Update your NPI data?> | Login |
| Want to create a Web login for an existing NPI?> (This option is only for health care providers previously enumerated via paper or EFI) | Create Login to View or Update your NPI Data |
| Additional Resources: | Notes: |
| NPI Application / Update Form - 🌽 (PDF File) | To view PDF files, you must have Adobe Acrobat Reader. If you do not already have Acrobat Reader. |
| Application Help | installed, please Download Acrobat Reader now. |
| Privacy Information | and a state of the |
| Frequently Asked Questions | Reader |
| NPI Final Rule - 🎤 (PDF File) | |
| Contact Information | |
| CMS NPI Page | |
| Health and Human Services Home Page Centers for M | fedicare and Medicaid Services (CMS) Home Page NPI Enumerator Only EFI Only |
| a) | 🔒 🐲 Internet |
| 🚺 start 🛛 🗿 😰 🧓 Re: House 🖺 pdock.mc 👔 | 🕱 3 Mcros 👻 🖉 3 Mcros 👻 🚮 2 Adobe 👻 😭 Document 🚳 National Pr 🤹 😓 😓 11:21 AM |

4. Gather the information required for the application as noted in Step 1 and read the terms noted

Begin Application Form

under Step 2 before proceeding to Step 3 to



NPI Application Instructions

- Step 1:
 Before you begin, make sure you have the following information.

 This information will be required to complete the NPI Application Form.

 You will not be able to save your work if you quit before you have completed the application form.
 - **Information Required for Individual Providers** ٠ **Information Required for Organizations** Provider Name Organization Name ** SSN (or ITIN if not eligible for SSN) Employer Identification Number (EIN) Provider Date of Birth Name of Authorized Official for the Organization Phone Number of Authorized Official for the Organization Country of Birth State of Birth (if Country of Birth is U.S.) Organization Mailing Address Provider Gender Practice Location Address and Phone Number Mailing Address Taxonomy (Provider Type) Practice Location Address and Phone Number Contact Person Name Taxonomy (Provider Type) Contact Person Phone Number and E-mail * State License Information Contact Person Name Contact Person Phone Number and E-mail

* (required for certain taxonomies only)

*** Do not report an SSN or IRS ITIN in the EIN field

Online Help is available from each page of the Application / Update Form by clicking "Help" at the top right of the page.

| If you need additional help or have any qu NPI Enumerator Contact Information | estions concerning your application, contact the NF | 'I Enumerator. |
|---|---|---|
| By phone: | By e-mail at: | By mail at: |
| 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY) | customerservice@npienumerator.com | NPI Enumerator PO Box 6059 Fargo, ND 58108-6059 |

Step 2: Read the information below.

You must agree to the terms below when you submit your application:

I have read the contents of the application and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator immediately.

I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

I understand that the information provided in this application may be used by other agencies in accordance with privacy regulations.

I have read and understand the Privacy Act Statement.

I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information on the NPI / Update Form:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, ficticious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also

^{** (}SSN or ITIN information should only be reported in the SSN or ITIN field)

authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Step 3: Begin online application.

Begin Application Form

| eate Login - Microsoft Internet Explorer | |
|--|---|
| Edit View Favorites Tools Help | |
| iack 🔹 🜍 🕐 📓 😭 🔎 Search 👷 Favorites 🙆 🎯 🖓 🖷 🗧 📃 | 12 ·8 |
| ss 🕘 https://nppes.cms.hhs.gov/NPPES/CreateLogin.do | 💌 🔁 Go Links |
| | |
| | |
| el Pan & Provider Enumeration System | Home Help |
| | |
| NPI Application Form - Selec | t NPI User ID and Password |
| | * Indicates Required Field |
| Please enter a User ID and pas | ssword for future access to NPI: |
| | |
| * NPI User ID: | |
| | Note: Personal information, such as a Social Security Number, should not be used as |
| | the user ID. Please hote. The user ID cannot be changed. |
| * NPI Password: | |
| * Retype NPI Password: | |
| | Note: Password must be 6-12 characters long, contain at least one letter, one number, |
| | no special characters, and not be the same as the User ID. |
| * Select Secret Question: | × |
| * Answer | |
| | 2 |
| | |
| | <pre>xx ></pre> |
| | |
| | |
| Jser IDs and secret question information cannot be changed. Once you have success | fully chosen a User ID and secret question/answer combination and submitted the |
| ord, the User ID and secret question/answer combination will remain tied to your reco Please use the Next button to navigate to the next page in the application. | rd and will not be changed. |
| | |
| ne | A nternet |

6. Select Type I and click Next

| Select Entity Type - Microsoft Internet Explorer | |
|--|------------------------------------|
| File Edit. View Favorites Tools Help | 12 |
| 🔇 Back + 🔘 · 🖹 🖉 🏠 🔎 Search 👷 Favorites 🤣 🍙 + 🍃 📓 - 🛄 🎇 🦓 | |
| Address 👌 https://nppes.cms.hhs.gov/NPPES/SelectEntityType.do | 💌 🛃 Go 🛛 Links 🍾 |
| # NPPES | 10 |
| National Plan 8 Provider Enumeration System | Logoff Help |
| NPI Application Form - Select Entity Type | |
| Please select the radio button which most applies to you or your organization: | |
| O Type 1: An individual who renders health care services. (Example: Dentist, Chiropractor, Pharmacist) | |
| O Type 2: An organization that renders health care services. (Example: Hospital, Nursing Facility, Pharmacy) | |
| Next > | |
| Note: Please use the Next button to navigate to the next page in the application. | |
| | |
| | |
| | |
| | |
| | |
| | |
| 2 Done | 🔒 🔮 Internet |
| 🛃 start 🔰 🗿 🕼 🧰 Re: House 🔛 pladik.mc 🗷 3 Micros 👻 3 Micros 👻 👔 2 Adobe 👻 🖬 Docume | ent 🗿 Select Entl 🏼 🏟 🗐 🖕 11:45 AM |

7. The NPI Application (page 1):

Name Information

- 1–6. Provide your full legal name. (Required first and last name) Do not use initials or abbreviations. If you furnish your social security number in block 18, this name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.
- file with SSA. You may include multiple credentials. Use additional sheets of paper for multiple credentials in necessary.
 Other name information (Use additional sheets of paper if necessary)
 7-12. If you have used another name, including a maiden name, supply that "Other Name" in this area. (Optional) You may include multiple credential: Use additional sheets of paper for multiple credentials if necessary.
 13. Mark the check box to indicate the type of "Other Name" you used. (Required if 7-12 are completed)
 14-16. Provide the date (*Required*), State (*Required*), and country (*Required*, *if other than U.S.*) of your birth. Do not use abbreviations other than United States (U.S.).
 17. Indicate your gender (*Required*).
- 17. Indicate your gender. (Required)

| File Edit View Favorites Too | is Help | norer | | | | |
|--------------------------------------|------------------|--------------------------|------------------|--|-----------------|----------------------------|
| 🔇 Back • 🔘 · 💌 😰 🤅 | Search | 🛃 Favorites 🕢 🔗 | - 2 | 12 3 | | |
| ddress) https://nppes.cms.hhs | .gov/NPPES/AppPa | age1.do | | | | 🛩 🛃 Go Lin |
| | 23 | | | | | |
| lational Plan & Provider Enumeration | on System | | | | | Logoff Help |
| Application Sections | | | NPI | Application Form - Provid | er Profile | |
| • Provider Profile | Provide | er Name Informati | ion: | | | * Indicates Required Field |
| • Mailing Address | Prefix | * First: | Middle: | * Last | Suffix | |
| Practice Location | · · · · · | | | | | |
| Other Identifiers | Credent | tial(s): (M.D., D.O, etc | .) | | | |
| Taxonomy | Other N | ame: (if applicable) | | | | |
| Contact Person | Prefix: | First: | Middle: | Last: | Suffix | |
| Certification | Credent | tial(s): (M.D., D.O, etc |) Type of | Other Name: | | |
| | Other le | dentifying Inform | ation: | Incesi | | |
| | * Date o | of Birth: (MM/DD/YYY | m | * Social Security Number: (M | Vithout Dashes) | |
| | State of | (Birth: (*#US) | | * Country of Birth: | | |
| | | | 2 | United States | * | |
| | * Gende | er: | O Mak | e 🔿 Female | | |
| | * Is the | Provider a Sole Pro | oprietor? () Yes | O No | | |
| | | | | Next > | | |
| Dona | | | | | | A internet |
| Done | | 10 mm | | and the second | | internet |

NPI Application (page 2 and 3):

- A. Business Mailing Address Information (*Required*) This information will assist us in contacting you with any questions we may have regarding your application for an NPI or with other information regarding NPI you must provide an address and telephone number where we can contact you directly to resolve any issues that may arise during our review of your application.
- B. Business Practice Location Information (*Required*) Provide information on the address of your primary practice location. If you have more than one practice location, select one as the "primary" location. Do not furnish information about additional locations on additional sheets of paper.

| | ess a https://nppes.cms.hhs.o | ov/NPPES/AppPage2.do |
|--|---|--|
| <image/> | | 10 |
| | ENPPE | :5 |
| | nal Plan & Provider Enumeration | System Logoff Help |
| | lication Sections | NPI Application Form - Business Mailing Address |
| <pre>table address is outside the U.S. or you have a mittary address, click her: image Address in address is outside the U.S. or you have a mittary address, click her: image Address is indicates Required Fail image Address is indicates Information indicates Required Fail image Address is indicates Information indicates Image Address Information information Image Address Image Address Image Address Image Address Image Address Image Address Image Address Image Address Image Address Image Address Image Address Image Address Image Addre</pre> | rovider Profile | |
| | tailing Address | If your primary address is outside the U.S. or you have a military address, click here: |
| | Practice Location | * Indicates Required Field |
| <pre>incommy </pre> | Other Identifiers | Domestic Business Mailing Address Information |
| And a Person Address Image: 2 (e.g. Subt Number; 1 (united States) Image: 2 (e.g. Suber Number; 1 (united States) | axonomy | * Address Line 1: (Street Number and Name) |
| Will called Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contro | Contact Person | Addross Line 2: (a.g. Suite Number) |
| City City City City City City City C | Certification | Franciss Line F. (c.y. Guie Homber) |
| The number is the series of the seri | | * City: * State: * Zip + 4 Country: |
| Import Darbey Import Darbey Imp | | Phone Number: Extension: Fax Number: |
| Note: Peace use the Previous and Next buttors to navigate between the pages in the application. ner Image: Ima | | (Without Dashes) (Without Dashes) |
| Inter reactions Inter reactions Int | | |
| but : Plase use the Previous and Next butlons to navigate between the pages in the application Image: Image: I | | <pre>Previous</pre> Next > |
| | | |
| Note: Please use the Previous and Next buttons to navigate between the pages in the application | | |
| active Location - Microsoft Internet Explorer Edit: Vew: Favorities Tools Hep back - Origin and States State (Pavorities Origin and States) State Devicer Explorements bits gov/IPPES/AddressState.do Internet Provider Explorements of System Internet States State (Pavorities Counters) Internet Provider Explorements States Internet States State (Pavorities Counters) Internet States States (Pavorities Counters) Internet States States (Pavorities Counters) Internet States States (Pavorities Counters) Internet States (Pavorities Counters) Internet States States (Pavorities Counters) Internet States (Pavorities Counters) | start 🖉 😒 📾 | 🙆 Barsha Poer 🛛 🔤 4 Microsoft 👻 😰 3 Microsoft 👻 📢 2 Adobe Re 👻 🔛 How to apply f 🖉 🔅 3 Internet E 👻 🖗 💷 💆 3:38 |
| Idit Ver Porote Tool Help lack * in the Porote Tool Help lack * in the Porote * in the Porote * in the Porote * in the Address * in the Address * in the Application * in the Address * in the Ad | start 🔰 🧉 🕒 🖪 | 🕒 Hansha Poer 🖹 4 Microsoft 🔹 💽 3 Microsoft 🔹 🌠 2 Adobe Re 🍬 🛃 How to apply E 🖉 3 Internet E 🔹 🚳 🖳 🖉 3-38 |
| Back Image: Particle in the previous and interference in the application Image: Previous and Need but previous and Need but previous to navigate between the pages in the application Image: Previous and Need but previous to navigate between the pages in the application | start 🛛 🗿 🖗 🕼 | 🕒 Hanha Poer 🖹 4 Microsoft * 💽 3 Microsoft * 💽 2 Adobe Re * 🖄 How to apply f 🔗 3 Internet E * 🔍 🛒 3 33 off Internet Explorer |
| Instruction provider Characterion System NPI Application Form - Business Practice Location Address Nordation Sections NPI Application Form - Business Practice Location Address Nordation Sections NPI Application Form - Business Practice Location Address Nordation Sections NPI Application Form - Business Practice Location Address Nordation Sections NPI Application Form - Business Practice Location Address Number Journality Provider Formation If your primary address is outside the U.S. or you have a military address, click here: Indicates Required Field If your primary address is outside the U.S. or you have a military address, click here: Indicates Required Field If your primary address is outside the U.S. or you have a military address, click here: Indicates Required Field If your primary address and Business Practice Location Address differ, please fill out the following: Address Line 1: [Street Number and Name] Address Line 2: (e.g. Suite Number: Vibriol Dashes) If United States If United States If United States If United Dashes If United Dashes If Previous Net: Please use the Previous and Next buttors to navigate between the pages in the application. | start S C C | 🕒 Hanha Poer 🖹 4 Microsoft * 💽 3 Microsoft * 💽 2 Adobe Re * 🖹 How to apply E 📀 3 Internet E * 🔍 🛒 3 33 off Internet Explorer Hop |
| Image: | start 🔹 🗭 🗭 | Hansha Poer 4 Microsoft A doce Re How to apply f 3 Internet E |
| Address Line 1: (Street Number: Address Line 2: (e.g. Suite Number: Address Line 2: (e.g. Suite Number: Address Line 1: (Street Number: Address Line 1: (Street Number: Address Line 2: (e.g. Suite Number: (Windel Dashes) Net: Please use the Previous and Next buttons to navigate between the pages in the application. | start 2005 100 100 100 100 100 100 100 100 100 | Hamba Poer A Microsoft • 3 Microsoft • 3 Microsoft • 3 Microsoft • 3 Internet E • 6 9 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| Michaion Sections Provider Profile Hailing Address Hailing Address Practice Location Matter Identifiers Contact Person Cartification Hyour Business Mailing Address and Business Practice Location Address differ, please fill out the following: Address Line 1: (Street Number) Address Line 2: (e.g. Suite Number) City: < | start © © Ø actice Location - Micross Eds. Vew Favores Tools Back • @ R @ @ https://rppes.cms.hhs.g https://rppes.cms.hhs.g | Namba Poer A Microsoft A decoupling a star star star star star star star st |
| Address Address Address Contact Person Certification | start S C C C | Namba Poer A Microsoft A Microsof |
| animative volumes in your primary address is outside the U.S. or you have a minitary address, click here: indicates Required Field Domestic Business Practice Location Address is the same as the Business Mailing Address, click here: Same As Business Mailing Address If your Business Mailing Address and Business Practice Location Address differ, please fill out the following: Address Line 1: [Street Number and Name] Address Line 2: (e.g. Suite Number and Name) City: State: Phone Number: Extension: Fax Number: (Winhood Daahee) (Winhood Daahee) | start S & S & S actice Location - Micross Ede Vew Favores Took Sack • • • • • • • • • • • • • • • • • • • | Mansha Poer A Microsoft A Microso |
| Where Identifiers Domestic Business Practice Location Address Information Scher Identifiers If the Business Practice Location Address is the same as the Business Mailing Address, click here: Scher Identifiers If the Business Practice Location Address is the same as the Business Mailing Address, click here: Scher Identifiers If the Business Mailing Address Contact Person If your Business Mailing Address and Business Practice Location Address differ, please fill out the following: Address Line 2: (e.g. Suite Number) Address Line 2: (e.g. Suite Number) Address Line 2: (e.g. Suite Number: Extension: Fax Number: (Without Dashes) Without Dashes) Image: Previous Image: Next > | start S & S & S actice Location - Micross Edx Vew Favores Took Sack • • • • • • • • • • • • • • • • • • • | Mansha Poer A Microsoft |
| axonomy Definition axonomy If the Business Practice Location Address in the same as the Business Mailing Address, click here: image: sector of the sector of the sector of the same as the Business Mailing Address, click here: image: sector of the | Actice Location - Micross Ede Vew Favores Tools Ede Vew Favores Tools Ede • • • • • • • • • • • • • • • • • • • | Mansha Poer I & Microsoft |
| Image: Some As Business Mailing Address Vertification If your Business Mailing Address and Business Practice Location Address differ, please fill out the following: • Address Line 1: (Street Number and Name) • City: • State: • City: • State: • Phone Number: Extension: • Phone Number: Extension: • Previous • Next > | Actice Location - Micross Ede Vew Favores Took lock - · · · · · · · · · · · · · · · · · · | Manha Poer I & Microsoft |
| If your Business Mailing Address and Business Practice Location Address differ, please fill out the following: • Address Line 1: (Street Number and Name) • Address Line 2: (e.g. Suite Number) • City: • State: • Phone Number: Extension: • Phone Number: Extension: • Without Dashes) • Next > | start S C C C C C C C C C C C C C C C C C C | Manha Poer I d Microsoft • I 3 Microsoft • I 2 Adobe Re • I How to apply f I Internet E • • I 3 Microsoft • I 3 Microsoft • I 2 Adobe Re • I How to apply f I Internet E • • I 3 Microsoft • I 3 Microsoft • I 4 Micr |
| Address Line 1: (Street Number and Name) Address Line 2: (e.g. Suite Number) City: State: * Zip + 4 Country: United States * (Without Dashes) (Without Dashes) (Without Dashes) (Without Dashes) Note: Please use the Previous and Next buttons to navigate between the pages in the application. | start S C C C C C C C C C C C C C C C C C C | Manha Poer I & Microsoft |
| Address Line 2: (e.g. Suite Number) • City: • State: • Zip + 4 Country. • Phone Number: Extension: Fax Number: (Without Dashes) • (Without Dashes) • City: • State: • Zip + 4 Country. • United States • United States • Country. • Other Please use the Previous and Next buttons to navigate between the pages in the application. | start S C C C C C C C C C C C C C C C C C C | Memba Poer * @ 4 Mecrosoft * @ 3 Mecrosoft * @ 2 Adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ 3 adobe Re., * @ How to apply f @ 3 Internet E * @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ |
| City: State: Zip + 4 Country: United States Without Dashes) (Without Dashes) State: Previous Note: Please use the Previous and Next buttons to navigate between the pages in the application. | Start O C C C C C C C C C C C C C C C C C C | Marsha Roer |
| City: State: Zip + 4 Country: United States Mithout Dashes) (Without Dashes) (Without Dashes) State: Previous Note: Please use the Previous and Next buttons to navigate between the pages in the application. | Start O C C C C C C C C C C C C C C C C C C | Iternet Explorer Iternet Explorer How to apply fin Iternet Explorer How complexity of the provides of the provide state state state state of the provide state state state of the provide state state state of the provide state state state state of the provide state sta |
| Phone Number: Extension: Fax Number: (Without Dashes) (Without Dashes) (Without Dashes) I I I I I I I | Start O C C C C C C C C C C C C C C C C C C | Marsha Roer If Marcoooft |
| (Without Dashes) (Without Dashes) | Start O C C C C C C C C C C C C C C C C C C | Marsha Roer If Marcoooft |
| Note: Please use the Previous and Next buttons to navigate between the pages in the application. | Start O C C C C C C C C C C C C C C C C C C | Marsha Roer • If Marcoooft • If a Marcooo |
| Vext > Note: Please use the Previous and Next buttons to navigate between the pages in the application. | Start O C C C C C C C C C C C C C C C C C C | Nersha Poer If Mercoooft Nersha Poer Sect: Internet Explorer Hep Sect: Powortes Image: Sect: Powortes Powortes Image: Powortes Powortes |
| Note: Please use the Previous and Next buttons to navigate between the pages in the application. | start O C C C C C C C C C C C C C C C C C C | Marsha Roer If Marcooolt If Marcooolt If Addee Re., How to apply f. If Internet Explorer Hep Search Fournets If a Marcooolt If a Marcooo |
| Note: Please use the Previous and Next buttons to navigate between the pages in the application. | start O C C C C C C C C C C C C C C C C C C | Nervice If Mercooolt If Mercooolt If Addee Re., How to apply f. If Mercooolt If I how to apply f. If |
| | actice Location - Micros Edit Vew Favortes Took lack · Control - Micros Edit Vew Favortes Took lack · Control - Micros Control - Micros Control - Micros Plan & Provider Enumerator Micros Francisco Location Other Identifiers axonomy Contact Person Certification | Nerrisci Pervicus Address Line 1: (Street Number: Address Line 2: (e.g. State: Address Line 2: (e.g. State: Address If your Phone Number: Extension: Fax Number: Address Minical Datases Address Line 2: (e.g. State: Address |

NPI Application (page 4):

C. Other Provider Identification Numbers (Optional) To assist health plans in matching your NPI to your existing health plan assigned identification number(s), you may wish to list the provider identification number(s) you currently use that were assigned to you by health plans. If you do not have such numbers, you are not required to obtain them in order to be assigned an NPI. Organizations should only furnish other provider identification numbers that belong to the organizations do not list identification numbers that belong to health care providers who are individuals who work for the Organizations. NOTE: Information provided may be disclosed under specific circumstances (See PrivacyStatement on Page 4). DO NOT report SSN or ITIN information in this section of the application form.

| Other ID - Microsoft Intern | et Explorer | | • | | |
|--------------------------------------|--|---|----------------------------|-------------------------|--------------------------------------|
| File Edit View Favorites Too | s Help | | | | 4 |
| 🌀 Back 🔹 🜍 🔹 🛃 🛃 | 🏠 🔎 Search 👷 Favorites | 🙆 - 💺 🖂 🛄 🖓 | | | |
| Address 👜 https://nppes.cms.hhs. | gov/NPPES/AddressStnd.do | | | | 💌 🛃 Go Links |
| Netional Plan & Provider Enumeration | ES an System | | | | Logoff Help |
| Application Sections | | NPI Application | Form - Other Iden | tification Numbers | 5 |
| Provider Profile | | | | | |
| • Mailing Address | Please Enter All Other NSC, Medicaid, and O | Provider Identifiers (Med ther): | icare UPIN, Medicare | PIN, Medicare OSCA | R/Certification, Medicare |
| Practice Location | Note: These numbers will h | a of use in matching your NE | I record to insurers' reco | rds so you can continue | to be recognized by insurers. If you |
| • Other Identifiers | don't have such numbers, w Identification Number (ITIN) | ou are not required to obtain in this section. | them. DO NOT report the | Social Security Number | r (SSN) or IRS Individual Taxpayer |
| Taxonomy | | | | | |
| Contact Person | Add Identifier | | | | |
| Certification | | | | | |
| | Issuer | Number | State | Issuer | |
| | Note: Please use the Pre | vious and Next buttons to nav | Previous Next | > in the application. | |
| Done | | | | | 🔒 📦 Internet |
| I start 🔰 🙃 💿 🚯 | 🔴 Marsha Poer 🛛 🗮 4 Micros | olt 🔹 📝 3 Mcrosoft | - 🚮 2 Adobe Re | How to apply f | 🗇 3 Internet E 👻 🛪 🗐 🦉 3:45 Ph |

NPI Application (page 5):

- D. Provider Taxonomy Code (Provider Type/Specialty) (Required) Provide your 10-digit taxonomy code. You must select a primary taxonomy code in order to facilitate aggregate reporting of providers byclassification/specialization. If you need additional taxonomy codes to describe your type/classification/specialization, you may select additional codes. Information on taxonomy codes is available at www.wpc-edi.com/taxonomy.

On the screen select:

Add Taxonomy

And from the drop down list, residents should select Provider Type Code 39 - Student, Health Care.

| CONTRACTOR AND A CONTRACTOR OF A CONTRACTOR AND A CONTRAC | aou/NDDEE/AppBageE do | | | | ET Co. Links |
|--|--------------------------|-------------------------------------|-------------------|----------------------------|--|
| | | | | | |
| | =5 | | | | |
| Vational Plan & Provider Enumerat | ion System | | | | Logoff Help |
| Application Sections | | NPI Application Form | n - Taxonomy | / License Informat | tion |
| Provider Profile | Please Enter Provider | Taxonomy (Provider Type/Spe | cialty): | | * At least one taxonomy is required |
| Mailing Address | NOTE: DO NOT report the | e Social Security Number (SSN) or | IRS Individual Ta | xpayer Identification Numb | er (ITIN) in the License Number field. |
| Practice Location | | rootan oreany tanan (a any a | | apayor month.com | |
| Other Identifiers | Add Taxonomy | | | | |
| • Taxonomy | | | | | |
| Contact Person | *Primary Taxonomy | *Selected Taxonomy | State | License Number | |
| · Certification | | | | | |
| | | III < Prev | vious 🔲 N | lext > | |
| | Note: Please use the Pre | evious and Next buttons to navigate | vious N | lext > | |

NPI Application (page 6):

Select classification name showing in box and furnish the license, registration or certificate number if





Contact Person Information Page

The contact person is the person who we will contact if we have any questions regarding your NPI application or change request. This is the person who will be notified of your NPI assignment via e-mail at the e-mail address provided on this page.

1. Select the "Same As..." button if you want your contact person to be the provider (if an individual) or the authorized official (if an organization) named on the Provider Profile Page. You must still enter the phone number and e-mail address for this person.

2. If you do not select the "Same As..." button, you must provide alternate contact person information. Enter the full name, credentials, and title of the contact person as well as the phone number and e-mail address for this person. The First, Middle, Last, Credential(s), and Title fields allow the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters. The e-mail address fields allow the following special characters: "at" sign, hyphen, period, and underscore.

The Phone number and Extension fields only accept digits and alphabet letters (upper and lower