

NOW IS THE TIME TO APPLY FOR YOUR NPI!

What exactly is an NPI?

The NPI is a number issued by the federal government that is a single identifier (replaces CHAMPUS, Medicaid, etc.) that will uniquely represent your dental practice to all insurance carriers. Once your practice obtains its NPI it will never expire and if you relocate you will take your NPI with you.

When applying for your NPI number you will need to know if you are applying as a Type 1 or a Type 2

Individual vs. Organization.

Type 1 – Identifies an individual that renders health care (eg., dentist)

Type 2 – Identifies an organization that renders health care (eg., dental clinic, dental corporation, dental partnership, dental school, dental maintenance organization)

Dentists who are sole proprietors can use their individual (Type 1) NPI to identify themselves as the treating dentist and the billing dentist. However, if an organization (eg., dental corporation or partnership) is the billing entity, it needs to report its (Type 2) NPI to identify itself as the billing entity, and the individual dentist would use his/her personal (Type 1) NPI to identify him/herself as the treating dentist.

Therefore, if a dental practice is incorporated, the dentist may have a Type 1 NPI to identify the dentist as the health care provider (treating dentist) and a Type 2 NPI that identifies the corporation (billing entity).

When applying for your NPI number, you will also be asked to provide a “taxonomy code” on your application. A taxonomy code is ten digits long and identifies your license and specialty as follows:

Taxonomy Codes:

Description:

General Practice	1223G0001X
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223X0008X
Oral & Maxillofacial Surgery	1223S0112X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X

How do I apply for my NPI?

You can apply for an NPI online or use the internet to print off an application and mail it in. **Ignore solicitors that offer a compliance solution and charge you a fee for their compliance manual.** It is a very simple process, and there is no need to purchase anyone’s NPI compliance manual. Obtaining your NPI number is FREE.

For an NPI Internet Application:

To begin the process, go to <https://nppes.cms.hhs.gov>. The process takes about 20-30 minutes to complete, and according to the NPPES website, you should receive your NPI via e-mail within one to five business days.

For an NPI Paper Application:

If you would prefer a paper NPI application, call: 800-465-3203

Paper applications should be mailed to:

NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

The NPPES Telephone number for information on the NPI number :
800-465-3203

What do I do once I get my NPI?

1. **SAVE** your NPI confirmation. Be sure to save the printed confirmation you receive from NPPES. Delta Dental requires a paper verification of the actual e-mail or letter you receive with your NPI from NPPES.

We are ready to get your NPI into our system. Please mail or fax us a copy of the notification that you received with your NPI number. This will allow us to enter your NPI into our systems now, ensuring a smooth transition as we move forward. *However*, please don’t begin using it on claims and other transactions until you receive notification from Delta Dental of Oklahoma that we are accepting the NPI on claims.

You may send your NPI notification to Delta Dental of Oklahoma by:

1. FAXING it to:
405-607-2149
2. E-MAILING it to:
ccorbin@DeltaDentalOK.org
3. MAILING it to:
Delta Dental of Oklahoma
Attn: Chastity Corbin
PO Box 54709
Oklahoma City, OK 73154-1709

If you have any questions please contact Chastity Corbin at 607-2153 (inside OKC Metro) or 800-522-0188 ext 153 (outside OKC Metro).

Note: The information provided in this article is for educational and informational purposes only and should not be interpreted as legal advice. Dentists are encouraged to seek their own legal advice regarding the application of the National Provider Identifier Rule to their practices and circumstances.

 **DELTA DENTAL**

Delta Dental of Oklahoma

DELTA DENTAL OF OKLAHOMA

NPI FAQ'S – ANSWERS TO COMMON QUESTIONS ABOUT THE NPI.**REMEMBER THE NPI COMPLIANCE DATE IS MAY 23, 2007****1. What is an NPI?**

As a part of the Health Insurance Portability and Accountability Act (HIPAA), there is a new requirement called the National Provider Identifier (NPI) which establishes one unique identifier for each health care provider and organization that renders health care. It is intended to eliminate multiple identifiers currently in use.

2. How do I know if I am a covered entity under HIPAA?

HIPAA regulations state that a covered entity is either:

- (1) A health plan;
- (2) A health care clearinghouse; or
- (3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA.

3. May I still apply for an NPI if I am not a covered entity?

Yes. All health care providers and organizations that render health care may apply for an NPI.

4. If I am not a covered entity, will I become a covered entity if I apply for an NPI?

No. If you do not meet the criteria listed in Question # 2, you will not become a covered entity if you apply for an NPI.

5. How do I apply for an NPI?

There are several methods to apply for an NPI.

- WEBSITE <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- TELEPHONE 1-800-465-3203
- E-MAIL customerservice@npienumerator.com
- U.S. MAIL NPI Enumerator, PO Box 6059, Fargo, ND, 58108-6059

6. There is an option at the National Plan & Provider Enumeration System (NPPES) website to click on “National Health Plan Identifier” to obtain an NHPI. Is this required?

No. This future identifier is for health plans. There is not a specific publication date for these regulations.

7. When do I start placing my NPI on claims?

We will inform you when you can start sending the NPI on claims to Delta Dental of Oklahoma.

8. How do I obtain the regulations for the NPI?

The website where the regulations are located is:

http://www.cms.hhs.gov/NationalProvIdentStand/01_Overview.asp

9. What do I do with my NPI number when I receive it?

Provide the official letter or copy of the e-mail to Delta Dental of Oklahoma. You may also need to provide your NPI to other insurance carriers. Send the NPI as soon as possible so that your information will be entered and tested. Send to:

Delta Dental of Oklahoma
Attn: Chastity Corbin
P. O. Box 54709
Oklahoma City, Ok 73154-1709
Fax No. (405) 607-2149
ccorbin@deltadentalok.org

10. Do I have to send my NPI to all Delta Dental companies?

No. You only need to send your NPI to Delta Dental of Oklahoma. We will notify other Delta Dental plans.

11. What is a “Provider Taxonomy Code”?

When you apply for your NPI, you will be asked to provide your ten-digit taxonomy code. These codes are not assigned to health care providers. Health care providers select the taxonomy code(s) that most closely represents their education, license, or certification. For dental providers, it is essentially an identifier that corresponds most closely to their area of specialty.

In lieu of a taxonomy code, you may provide a written description of your specialty in the space provided on the electronic or paper application and will be assigned the closest appropriate code. To facilitate your registration, the taxonomy codes applicable to dentists are listed below.

- General Practice - **1223G0001X**
- Endodontics - **1223E0200X**
- Oral and Maxillofacial Pathology - **1223P0106X**
- Oral and Maxillofacial Radiology - **1223X0008X**
- Oral and Maxillofacial Surgery - **1223S0112X**
- Orthodontics and Dentofacial Orthopedics - **1223X0400X**
- Pediatric Dentistry - **1223P0221X**
- Periodontics - **1223P0300X**
- Prosthodontics - **1223P0700X**

13. When is the deadline for application?

Although there is no application deadline for the NPI, to assure a smooth transition, all providers are urged to apply for their NPI well in advance of the compliance date (May 23, 2007).

14. How is my NPI determined?

The NPI is a random ten-digit number (nine digits plus a check digit to detect keying errors) that never expires. It contains no inherent information about the provider, such as state of residence or license number. NPI's are issued by the National Plan and Provider Enumeration System (NPPES). The federal government is also responsible for assisting providers in completing the application and resolving problems associated with an NPI.

15. Is there a field on claim forms for the NPI?

Yes. There is a field on the ADA Claim Form for Type I and Type II NPI numbers. To access the form, visit the website at ADA.ORG.

16. Will I still need to place my License Number on claims?

Yes. The NPI does not replace the License Number.

17. Do I need a Type II NPI?

There are two basic types of NPIs available; individual and organizational. Individual NPIs, also known as Type 1 NPIs, are for healthcare providers, such as dentists. Organizational, or Type 2 NPIs are for use by business entities such as group practices and clinics. Organizational NPIs are needed for corporations and other business entities that want payments made to their business or corporate names or under their tax identification numbers (TIN). On a claim, the organizational NPI identifies the payee, and will usually be submitted in conjunction with an individual NPI to identify the dentist who rendered treatment.

18. Do I need to list both of my NPI numbers (Type I and Type II) on the claim form?

You do not need to place both NPI numbers on the claim form at this time. Currently, we will only accept Type I NPI numbers on the claim form; however, you may notify us of your Type II NPI by sending us your official documentation.

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please PRINT or TYPE all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. Information submitted on this application (except for Social Security Number, IRS Individual Taxpayer Identification Number, and Date of Birth) may be made available on the internet.

SECTION 1 – BASIC INFORMATION

A. Reason For Submittal Of This Form (Check the appropriate box)

- | | |
|---|--|
| <p>1. <input type="checkbox"/> Initial Application</p> <p>2. <input type="checkbox"/> Change of Information (See instructions)
NPI: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Add Information</p> <p style="margin-left: 20px;"><input type="checkbox"/> Replace Information</p> | <p>3. <input type="checkbox"/> Deactivation (See Instructions)
NPI: _____
Reason (Check one of the following)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Death <input type="checkbox"/> Business Dissolved</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other, Specify: (See Instructions) _____</p> <p>_____</p> <p>4. <input type="checkbox"/> Reactivation (See Instructions)
NPI: _____
Reason: _____</p> |
|---|--|

B. Entity Type (Check only one box)

1. An individual who renders health care. (Complete Sections 2A, 3, 4A and 5 only)
- Is the individual a sole proprietor? (See Instructions) Yes No
2. An organization that renders health care. (Complete Sections 2B, 3, 4B and 5 only)
- Is the organization a subpart? (See Instructions) Yes No
- If yes, enter the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the “parent” organization health care provider:
Parent Organization LBN: _____
Parent Organization TIN: _____

SECTION 2 – IDENTIFYING INFORMATION

A. Individuals

1. Prefix (e.g., Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	

Other Name Information (If applicable. Use additional sheets of paper if necessary)

7. Prefix (e.g., Major, Mrs.)	8. First	9. Middle	10. Last
11. Suffix (e.g., Jr., Sr.)		12. Credential (e.g., M.D., D.O.)	

13. Type of other Name
 Former Name Professional Name Other, specify: _____

14. Date of Birth (mm/dd/yyyy)	15. State of Birth (U.S. only)	16. Country of Birth (If other than U.S.)
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17. Gender
 Male Female

18. Social Security Number (SSN)	19. IRS Individual Taxpayer Identification Number (ITIN) (See Instructions)
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B. Organizations (includes Groups)

1. Name (Legal Business Name)	2. Employer Identification Number (EIN)
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3. Other Name (Use additional sheets of paper if necessary)

4. Type of Other Name
 Former Legal Business Name D/B/A Name Other (Describe) _____

SECTION 3 – BUSINESS ADDRESSES AND OTHER INFORMATION

A. Business Mailing Address Information

1. Business Mailing Address Line 1 (Street Number and Name or P.O. Box)

2. Business Mailing Address Line 2 (Address Information; e.g., Suite Number)

3. Business City	4. Business State	5. ZIP+4 or Foreign Postal Code
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6. Business Country Name (if outside U.S.)

7. Business Telephone Number (Include Area Code & Extension)	8. Business Fax Number (Include Area Code)
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B. Business Practice Location Information

1. Business Primary Practice Location Address Line 1 (Street Number and Name – P.O. Boxes Not Acceptable)

2. Business Primary Practice Location Address Line 2 (Address Information; e.g., Suite Number)

3. Business City	4. Business State	5. ZIP+4 or Foreign Postal Code
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6. Business Country Name (if outside U.S.)

7. Business Telephone Number (Include Area Code & Extension) (Required)	8. Business Fax Number (Include Area Code)
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C. Other Provider Identification Numbers *(Use additional sheets of paper if necessary) Do not include SSN or ITIN in this section.*

Issuer	Number	State (If applicable)	Issuer (For Other Number Type Only)
Medicare UPIN	_____	_____	
Medicare OSCAR/Certification	_____	_____	
Medicare PIN	_____	_____	
Medicare NSC	_____	_____	
Medicaid	_____	_____	
Other, Specify:	_____	(State is required if Medicaid number is furnished.)	_____
	_____	_____	_____

D. Provider Taxonomy Code *(Provider Type/Specialty. Enter one or more codes) and License Number Information*

Information on provider taxonomy codes is available at www.wpc-edi.com/taxonomy. Please see instructions if you plan to submit more than one taxonomy code for a Type 2 (organization) entity.

1. **Primary** Provider Taxonomy Code or describe your specialty or provider type (e.g., chiropractor, pediatric hospital)

2. License Number (See Instructions)	3. State where issued
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4. Provider Taxonomy Code or describe your specialty or provider type (e.g., chiropractor, pediatric hospital)

5. License Number (See Instructions)	6. State where issued
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7. Provider Taxonomy Code or describe your specialty or provider type (e.g., chiropractor, pediatric hospital)

8. License Number (See Instructions)	9. State where issued
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**PENALTIES FOR FALSIFYING INFORMATION ON THE
NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/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 and 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, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also 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.

SECTION 4 – CERTIFICATION STATEMENT

I, the undersigned, certify to the following:

- This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.
- 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 of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.
- I have read and understand the Privacy Act Statement.

A. Individual Practitioner's Signature

1. Applicant's Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	2. Date (mm/dd/yyyy)
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B. Authorized Official's Information and Signature for the Organization

1. Prefix (e.g., Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position			8. Telephone Number (Area Code & Extension)
9. Authorized Official's Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			10. Date (mm/dd/yyyy)

SECTION 5 – CONTACT PERSON

A. Contact Person's Information

- Check here if you are the same person identified in 2A or 4B.
If you checked the box, complete only items 8 and 9 in this section (Section 5).

1. Prefix (e.g., Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position	8. E-Mail Address		9. Telephone Number

For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address:
<https://nppes.cms.hhs.gov> NPI web is a quick and easy way for you to get your NPI.

Or send the completed signed application to:

**NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. **Do not send the applications to this address.**

PRIVACY ACT STATEMENT

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the National Provider Identifier (NPI), to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected will be entered into a new system of records called the National Provider System (NPS), HHS/HCFA/OIS No. 09-70-0008. Institutional providers' data are protected by section 1106 of the Social Security Act and the Freedom of Information Act, while individually identifiable providers' data are protected by the Privacy Act of 1974.

Failure to provide complete and accurate information may cause the application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. (See the instructions for completing the NPI application/update form to find the information that is voluntary or mandatory.)

Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPS for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
 - (a) HHS, or any component thereof, or
 - (b) Any HHS employee in his or her official capacity; or
 - (c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
 - (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its componentsis party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
6. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
7. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated data processing (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
8. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
9. Another Federal or State agency
 - (a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
 - (b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

INSTRUCTIONS FOR COMPLETING THE NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please PRINT or TYPE all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. **Please note: Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) information should only be listed in block 18 or block 19 of this form. DO NOT report SSN or ITIN information in any other section of this application form.**

This application is to be completed by, or on behalf of, a health care provider or a subpart seeking to obtain an NPI. (See 45 CFR 162.408 and 162.410 (a) (1).)

SECTION 1 – BASIC INFORMATION

This section is to identify the reason for submittal of this form and the type of entity seeking to obtain an NPI.

A. Reason for Submittal of this Form

This section identifies the reason the health care provider is submitting this form. *(Required)*

1. Initial Application

If applying for a NPI for the first time check box #1, and complete appropriate sections as indicated in Section 1B for your entity type.

2. Change of Information

If changing information, check box #2, write your NPI in the space provided, and provide the add/replace information within the appropriate section. If you are adding information, please check the 'Add Information' box and fill out the appropriate section(s) with the information you are adding. If you are replacing information, please check the 'Replace Information' box and fill out the appropriate section(s) with the replaced information. See the instructions in Section 4, then sign and date the certification statement in Section 4A or 4B. All changes must be reported to the NPI Enumerator within 30 days of the change. It is not necessary to complete sections that are not being changed; however, please ensure that your NPI is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form.

3. Deactivation

If you are deactivating the NPI, check box #3. Record the NPI you want to deactivate, indicate the reason for deactivation, and complete Section 2.

Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary.

4. Reactivation

If you are reactivating the NPI, check box #4. Record the NPI you want to reactivate, provide the reason for reactivation, and complete Section 2.

Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary.

B. Entity Type

Check only one box (Required for initial applications)

Entity Type 1: Individuals who render health care or furnish health care to patients; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists. Note that incorporated individuals may obtain NPIs for themselves if they are health care providers and may obtain NPIs for their corporations (Entity Type 2 Organizations). A sole proprietor is an Entity Type 1. (A sole proprietorship is a form of business in which one person owns all the assets of the business and is solely liable for all the debts of the business in an individual capacity. Therefore, sole proprietorships are not organization health care providers.) Note that sole proprietors may obtain only one NPI. Sole proprietors must report their SSNs (not EINs even if they have EINs).

Entity Type 2: Organizations that render health care or furnish health care supplies to patients; e.g., hospitals, home health agencies, ambulance companies, group practices, health maintenance organizations, durable medical equipment suppliers, pharmacies. If the organization is a subpart, check yes and furnish the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider. (A subpart is a component of an organization health care provider. A subpart may be a different location or may furnish a different type of health care than the organization health care provider. For ease of reference, we refer to that organization health care provider as the "parent".)

SECTION 2 – IDENTIFYING INFORMATION

A. Individual

NOTE: An individual may obtain only one NPI, regardless of the number of taxonomies (specialties), licenses, or business practice locations he/she may possess. SSN or ITIN information should only be listed in block 18 or block 19 of this form. DO NOT report SSN and ITIN information in any other section of this application form.

A sole proprietor is an individual.

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.

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 credentials. 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)*

18. Furnish your Social Security Number (SSN) for purposes of unique identification. *(Optional)* If you furnish your SSN, this name must match the name and date of birth on file with the Social Security Administration (SSA). If you do not furnish your SSN, processing of your application may be delayed because of the difficulty of verifying your identity via other means; you may also have difficulty establishing your proper identity with insurers from which you receive payments. If you are not eligible for an SSN, see item #19. **If you do not furnish your SSN, you must furnish 2 proofs of identity with this application form: passport, birth certificate, a photocopy of your driver's license, State issued identification, or information requested in item #19.**

19. If you do not qualify for an SSN, furnish your IRS Individual Taxpayer Identification Number (ITIN) along with a photocopy of your driver's license, State issued ID, birth certificate or passport. **You may not use an ITIN if you have an SSN. Do not enter an Employer Identification Number (EIN) in the ITIN field. Note: Your passport, birth certificate, photocopy of the driver's license or State issued identification must accompany your ITIN. If you do not furnish the information requested in blocks 18 or 19, you must furnish 2 proofs of identity with this application form: passport, birth certificate, a photocopy of your driver's license or State issued identification.** Examples of individuals who need ITINs include:

- Non-resident alien filing a U.S. tax return and not eligible for an SSN;
- U.S. resident alien *(based on days present in the United States)* filing a U.S. tax return and not eligible for an SSN;
- Dependent or spouse of a U.S. citizen/resident alien; and
- Dependent or spouse of a non-resident alien visa holder.

B. Organizations and Groups

- 1-2. Provide your organization’s or group’s name (*legal business name used to file tax returns with the IRS*) and Employer Identification Number (*assigned by the IRS*) (*Required*)
- 3. If your organization or group uses or previously used another name, supply that “Other Name” in this area. (*Optional*) Use additional sheets of paper if necessary.
- 4. Mark the check box to indicate the type of “Other Name” used by your organization. (*D/B/A Name=Doing Business As Name.*) (*Required if 3 is completed.*)

SECTION 3 – ADDRESSES AND OTHER INFORMATION

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.

C. Other Provider Identification Numbers (*Situational, Required if known*)

Please list the provider identification number(s) you currently use. This would include Medicare-issued numbers (UPIN, NSC, OSCAR, and PIN numbers), Medicaid-issued number (*the name of the State is required if Medicaid Number is furnished*), and numbers issued by other health plans or organizations, such as the DEA number (*give a brief description of issuer*). 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 organization; 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.

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.

Furnish the provider’s health care license, registration, or certificate number(s) (if applicable). If issued by a State, show the State that issued the license/certificate. The following individual practitioners are required to submit a license number (*If you are one of the following and do not have a license or certificate, you must enclose a letter to the Enumerator explaining why not*):

Certified Registered Nurse Anesthetist	Clinical Psychologist	Optometrist	Podiatrist
Chiropractor	Dentist	Pharmacist	Registered Nurse
Clinical Nurse Specialist	Licensed Nurse	Physician/Osteopath	
	Nurse Practitioner		

You may use the same license, registration, or certification number for multiple taxonomies; e.g., if you are a physician with several different specialties.

NOTE: A health care provider that is an organization, such as a hospital, may obtain an NPI for itself and for any subparts that it determines need to be assigned NPIs. In some cases, the subparts have Provider Taxonomy Codes that may be different from that of the hospital and of each other, and each subpart may require separate licensing by the State (e.g., General Acute Care Hospital and Psychiatric Unit). If the organization provider chooses to include these multiple Provider Taxonomy Codes in a request for a single NPI, and later determines that the subparts should have been assigned their own NPIs with their associated Provider Taxonomy Codes, the organization provider must delete from its NPPES record any Provider Taxonomy Codes that belong to the subparts who will be obtaining their own NPIs. The organization provider must do this by initiating the Change of Information option on this form.

SECTION 4 – CERTIFICATION STATEMENT (*Required*)

This section is intended for the applicant to attest that he/she is aware of the requirements that must be met and maintained in order to obtain and retain an NPI. This section also requires the signature and date of signature of the “Individual” who is the type 1 provider, or the “Authorized Official” of the type 2 organization who can legally bind the provider to the laws and regulations relating to the NPI. See below to determine who within the provider qualifies as an Authorized Official. Review these requirements carefully.

Authorized Official’s Information and Signature for the Organization

By his/her signature, the authorized official binds the provider/supplier to all of the requirements listed in the Certification Statement and acknowledges that the provider may be denied a National Provider Identifier if any requirements are not met. This section is intended for organizations; not health care providers who are individuals. All signatures must be original. Stamps, faxed or photocopied signatures are unacceptable. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.

An authorized official is an appointed official with the legal authority to make changes and/or updates to the provider’s status (e.g., change of address, etc.) and to commit the provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, direct owner of 5 percent or more of the provider being enumerated, or must hold a position of similar status and authority within the provider.

Only the authorized official(s) has the authority to sign the application on behalf of the provider.

By signing this application for the National Provider Identifier, the authorized official agrees to immediately notify the NPI Enumerator if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the NPI Enumerator of any changes to the information contained in this form within 30 days of the effective date of the change.

SECTION 5 – CONTACT PERSON (*If the contact person is the same person identified in 2A or 4B, complete items 8 & 9 in this section.*) (*Required*)

To assist in the timely processing of the NPI application, provide the name and telephone number of an individual who can be reached to answer questions regarding the information furnished in this application. The contact person can be the health care provider. The contact person will receive the NPI notification once the health care provider has been assigned an NPI. Please note that if a contact person is not provided, all questions about this application will be directed to the health care provider named in Section 2 or the authorized official named in Section 4, as appropriate. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.