

NPI Submission Form – Organizational Provider

Provider Number: _____

SECTION 1 – BASIC INFORMATION

A. Reason for Submittal of This Form (Check the appropriate box)

1. Initial Submission
2. Change of Information (See instructions)
NPI No. _____
3. Deactivation of NPI No. _____
REASON (check one of the following)
 Death Business Dissolved Other _____

SECTION 2 – ORGANIZATIONS AND GROUPS

1. Name (Legal Business Name)

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

SECTION 3 – ADDRESS AND OTHER INFORMATION

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

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

3. City

4. State

5. Zip + 4 or Foreign Postal Code

6. Country Name (if outside US)

7. Telephone # (Include Area Code & Extension)

8. Fax # (Include Area Code)

9. Email

A. Other Provider Identification Numbers

Number Type	Number	State (if applicable)	Update
UPIN/Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

B. Will your organization have a single NPI or will subparts within your organization also have NPIs.

Single Multiple

If you checked Single above, please complete Section 4. If you checked Multiple above, please complete Section 5.

SECTION 4 – SINGLE NPI

Single NPI _____ TIN Associated with NPI _____

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

Information on provider taxonomy codes is available at www.wpc-edi.com/taxonomy.

1. Primary Provider Taxonomy Code or describe your specialty or provider type (e.g., methadone clinic, psychiatric unit)

2. License Number:

3. State where issued:

4. Provider Taxonomy Code or describe your specialty or provider type (e.g. methadone clinic, psychiatric unit ,)

5. License Number:

6. State where issued:

7. Provider Taxonomy Code or describe your specialty or provider type (e.g. methadone clinic, psychiatric unit,)

8. License Number:

9. State where issued:

SECTION 5 – SUBPART NPI

Please check the category that best describes your subparts:

- Service/Billing Location (please complete 5A)
- License (please complete 5B)
- Programs (please complete 5C)
- CMS Provider Type/Specialty (please complete 5D)
- Other _____ (Describe) (please complete 5E)

A. Service/Billing Location (For additional locations, please submit a separate sheet)

Location 1: Service Location Billing Location

Mailing Address Line 1 (Street Number and Name or P.O. Box)		
Mailing Address Line 2 (Address Information; e.g., Suite Number)		
City	State	Zip + 4 or Foreign Postal Code
Country Name (if outside US)		

NPI # _____ TIN: _____ Taxonomy Code 1:

Location 2: Service Location Billing Location

Mailing Address Line 1 (Street Number and Name or P.O. Box)		
Mailing Address Line 2 (Address Information; e.g., Suite Number)		
City	State	Zip + 4 or Foreign Postal Code
Country Name (if outside US)		

NPI # _____ TIN: _____ Taxonomy Code 2:

Location 3: Service Location Billing Location

Mailing Address Line 1 (Street Number and Name or P.O. Box)		
Mailing Address Line 2 (Address Information; e.g., Suite Number)		
City	State	Zip + 4 or Foreign Postal Code
Country Name (if outside US)		

NPI # _____ TIN: _____ Taxonomy Code 3:

B. License (For additional licenses, please submit a separate sheet)

License #1 _____ NPI #1 _____ TIN _____

Taxonomy Code #1

License #2 _____ NPI #2 _____ TIN _____

Taxonomy Code #2

License #3 _____ NPI #3 _____ TIN _____

Taxonomy Code #3

License #4 _____ NPI #4 _____ TIN _____

Taxonomy Code #4

License #5 _____ NPI #5 _____ TIN _____

Taxonomy Code #5

C. Programs (For additional programs, please submit a separate sheet)

1. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

2. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

3. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

4. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

5. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

6. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

7. Level of Care _____ NPI _____ TIN _____

Taxonomy Code:

D. CMS Provider Type/Specialty (For additional Provider Types/Specialties, please submit a separate sheet)

Provider Type _____ Specialty _____ NPI _____ TIN _____

Taxonomy Code:

Provider Type _____ Specialty _____ NPI _____ TIN _____

Taxonomy Code:

E. Other

Describe:

NPI _____ TIN _____

Taxonomy Code:

SECTION 6 – ORGANIZATION SIGNATURE

1. Signature (First, Middle, Last, Jr., Sr., MD, DO, etc.)	2. Date (mm/dd/yy)
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