Provider View – Initial Application

- Access https://nppes.cms.hhs.gov

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

- Select Create or Manage an Account

Leaving NPPES Website.

You are being directed to I&A to create a User ID and Password. When you are done, return to NPPES to log in and apply for or view/modify an NPI.

Cancel OK

- *Select* OK *on the* Leaving NPPES Website pop up.

Provider View – Initial Application

- User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System

Help

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

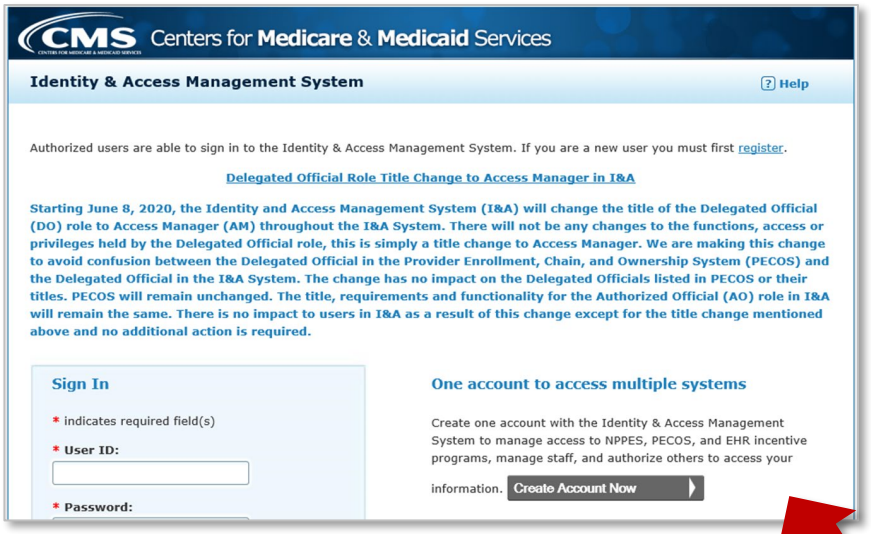
- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
- At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser.

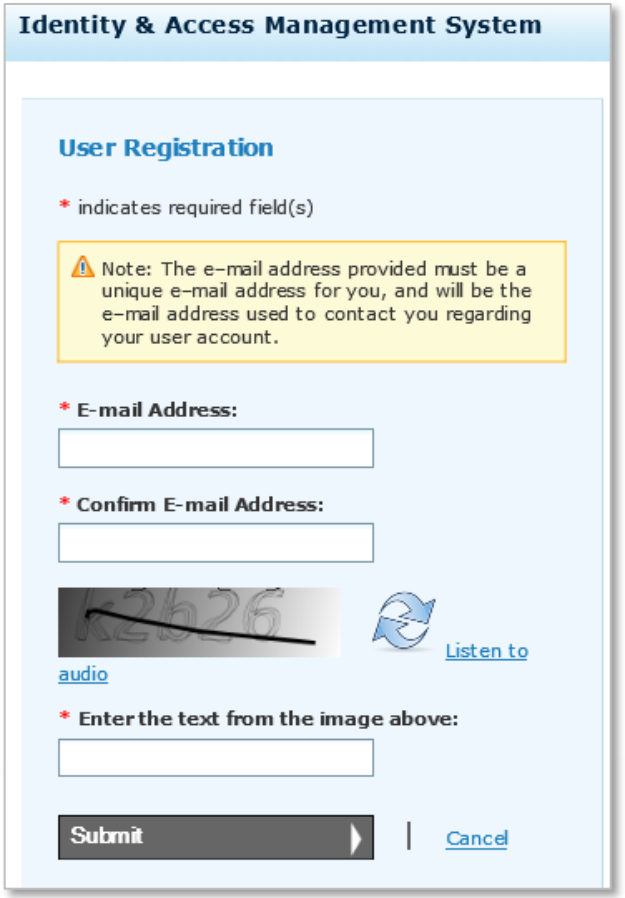
To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Accept Decline

Provider View – Initial Application

- One account will be created to access multiple systems. Select Create Account Now to proceed.





- Complete the User Registration fields.
  - E-mail Address / Confirm E-mail Address
  - Captcha
  - Submit

Provider View – Initial Application

- Complete the User Registration – User Security fields
  - User ID / Password / Confirm Password

* indicates required field(s)

* User ID:
NPlisCool

* Password:
••••••••

* Confirm Password:
••••••••

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- ✔ Must be 8-12 alphanumeric characters.
- ✔ Must contain at least one letter.
- ✔ Must contain at least one number.
- ✘ Must contain at least one valid special character.
- ✔ Must not contain any invalid special characters.
- ✔ Must not start with numeric characters.
- ✔ Must not contain three repeating characters.
- ✔ Must not be the same as your User ID.
- ✔ Password must match Confirm Password.

Valid Special Characters: @ # &) (- _ ' " . , * ; : / $!

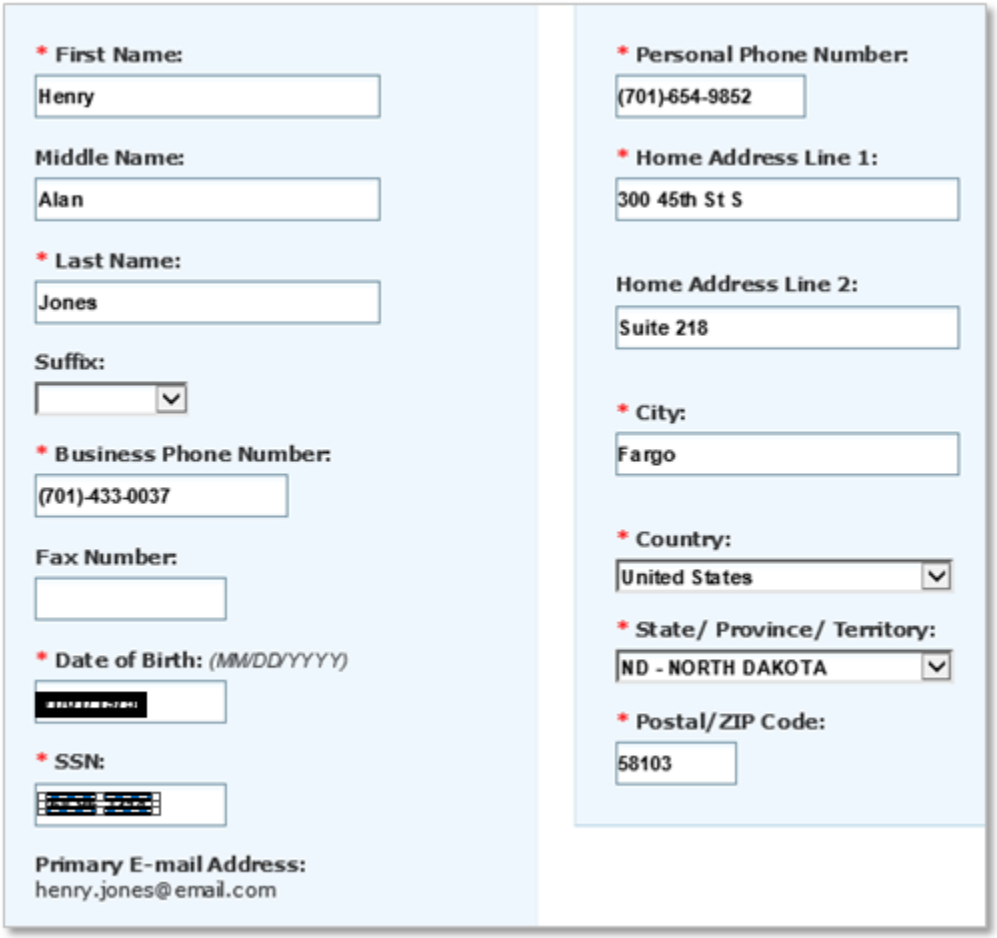
- Five Security Questions and Answers

Please select five different security questions and enter their answers below:

* Question 1: What is the first and last name of your first boyfriend or girlfriend?	* Answer 1: Smith
* Question 2: What is your favorite food?	* Answer 2: Broccoli
* Question 3: What was the name of your first pet?	* Answer 3: Oreo
* Question 4: What city were you born in?	* Answer 4: Austin
* Question 5: What year did you graduate from high school?	* Answer 5: 1992

Provider View – Initial Application

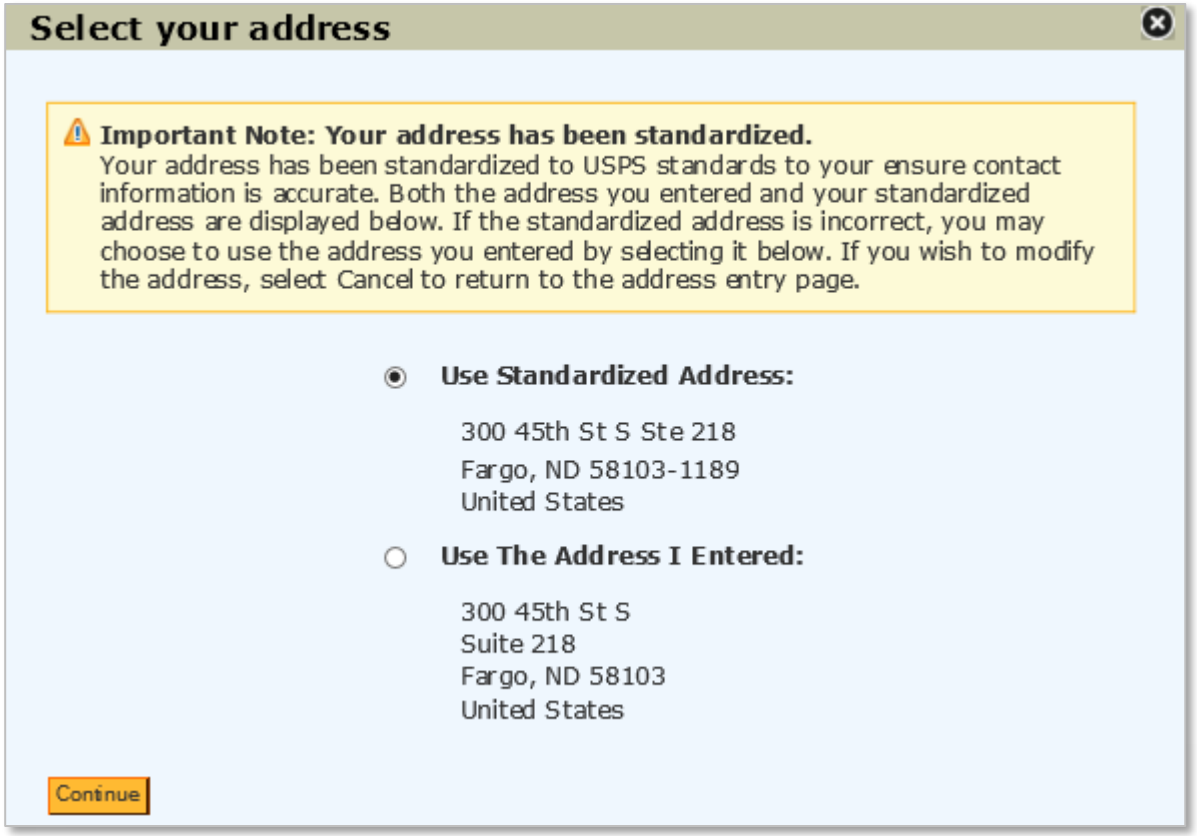
- Complete the User Registration – User Information fields
  - First & Last Name
  - Business Phone
  - DOB
  - SSN
  - Personal Phone
  - Home Address
  - City
  - Country
  - State / Province / Territory
  - Zip Code
  - Primary E-mail Address (auto-filled)



Provider View – Initial Application

- Select your address:
  - Use Standardized Address

    or
  - Use the Address I Entered



Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* **Authentication Method:**

Select Primary Authentication Method

- Select Primary Authentication Method
- Phone Number Text/SMS
- E-mail Address
- Phone Number Voice Call

Continue | Cancel

- Multi-Factor Authentication is required to verify the user's identity via:
  - Phone Number Text/SMS
  - *or*
  - E-Mail Address
  - *or*
  - Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

* **Authentication Method:**

Phone Number Text/SMS

* **Phone Number:**

Enter your 10 digit phone number the way you normally dial it.

(555) 123-4567 ×

Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method
Select Primary Authentication Method
Phone Number Text/SMS
E-mail Address
Phone Number Voice Call

Continue | Cancel

- Multi-Factor Authentication is required to verify the user's identity via:
  - Phone Number Text/SMS
  - *or*
  - E-Mail Address
  - *or*
  - Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

* Authentication Method:

E-mail Address

You can use the E-mail Address associated with your I&A account or enter a new one.

* E-mail Address where you will receive your verification code

newaccount1@email.com

Select the Send E-mail button to verify that it works.

Send E-mail | Cancel

Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* **Authentication Method:**

Select Primary Authentication Method

- Select Primary Authentication Method
- Phone Number Text/SMS
- E-mail Address
- Phone Number Voice Call

Continue | Cancel

- Multi-Factor Authentication is required to verify the user's identity via:
  - Phone Number Text/SMS
  - *or*
  - E-Mail Address
  - *or*
  - Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

* **Authentication Method:**

Phone Number Voice Call

* **Phone Number:**

Enter your 10 digit phone number the way you normally dial it.

(555) 987-6543

Extension:

Enter your phone number extension if applicable.

12345 x

Provider View – Initial Application

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 User Security ✓ | Step 2 User Info ✓ | Step 3 MFA Setup | Final Review

« Back to Previous Page

* indicates required field(s)

An E-mail was sent to newaccount1@email.com

* Enter Code: Verify Code

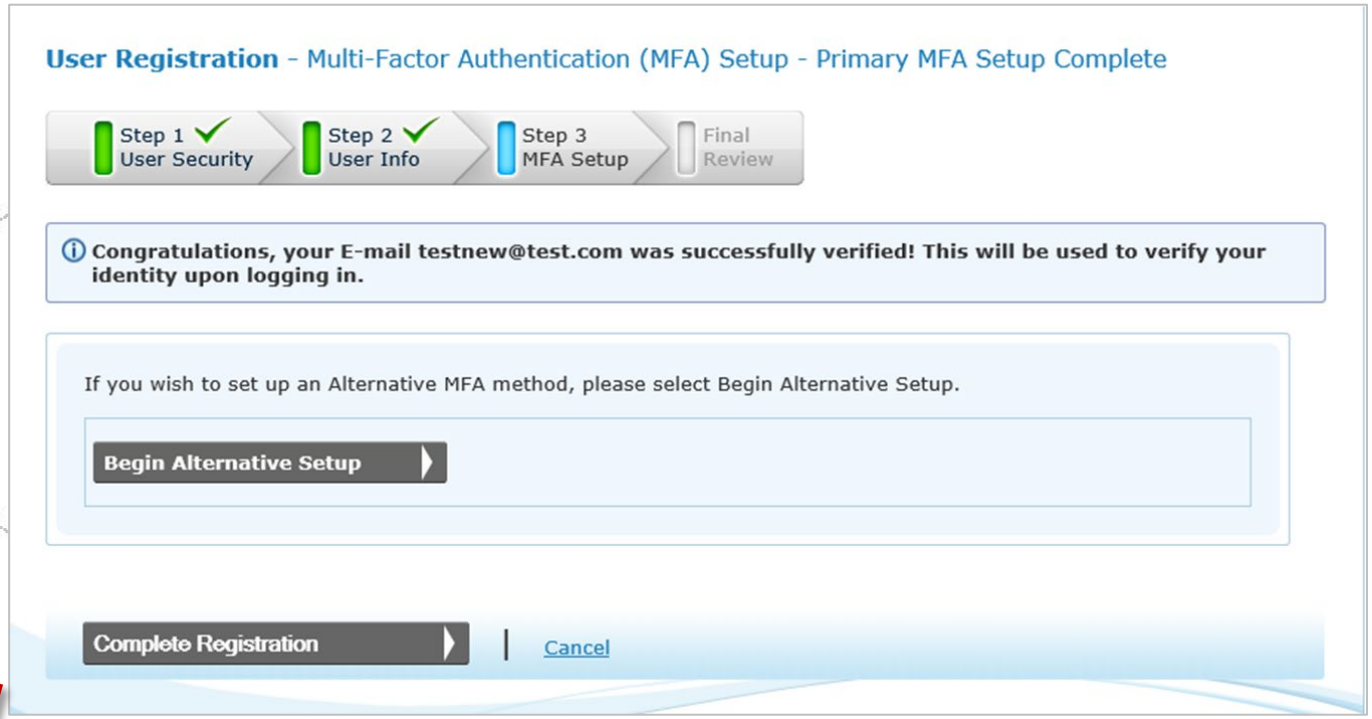
Haven't received an E-mail yet? Resend E-mail

Need to make changes where you receive your code? Back to Setup Page

Cancel

- Once the MFA code is received via the selected route, the user will enter the 6-digit code and select Verify Code.
- The MFA code can be resent as needed.

Provider View – Initial Application



- The Begin Alternative Setup option can be used to set up an *additional form of MFA* or the user can continue with the Complete Registration option.

Provider View – Initial Application

- User Registration – Registration Complete

User Registration - Registration Complete

Step 1 User Security ✓ | Step 2 User Info ✓ | Step 3 MFA Setup ✓ | Final Complete

ⓘ **Congratulations, your account has been successfully created.**

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

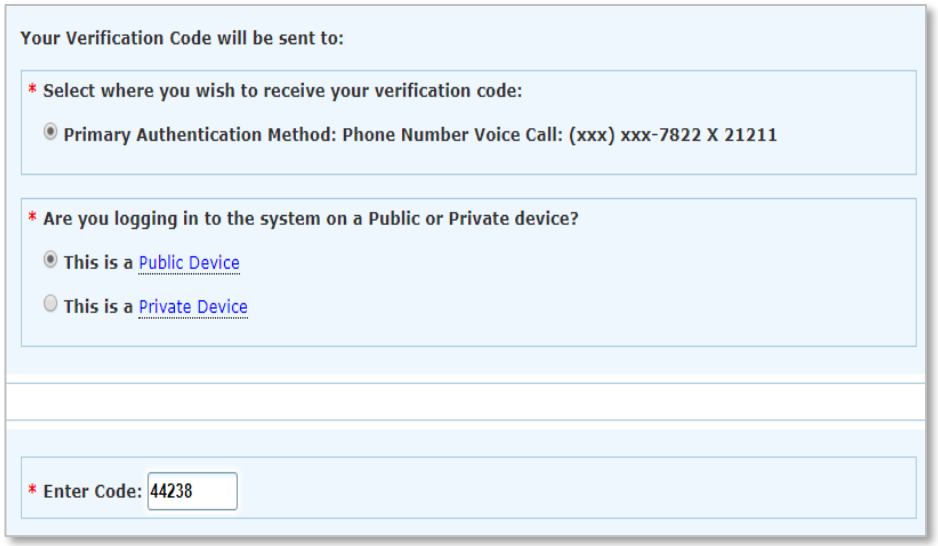
Continue To Home Page

- The user has now created an account in Identity & Access…this is only the first step!
  - Sign Out of Identity and Access and return to NPPES.

CMS Centers for Medicare & Medicaid Services Logged in as NPIisCool Sign Out

Provider View – Future Sign In

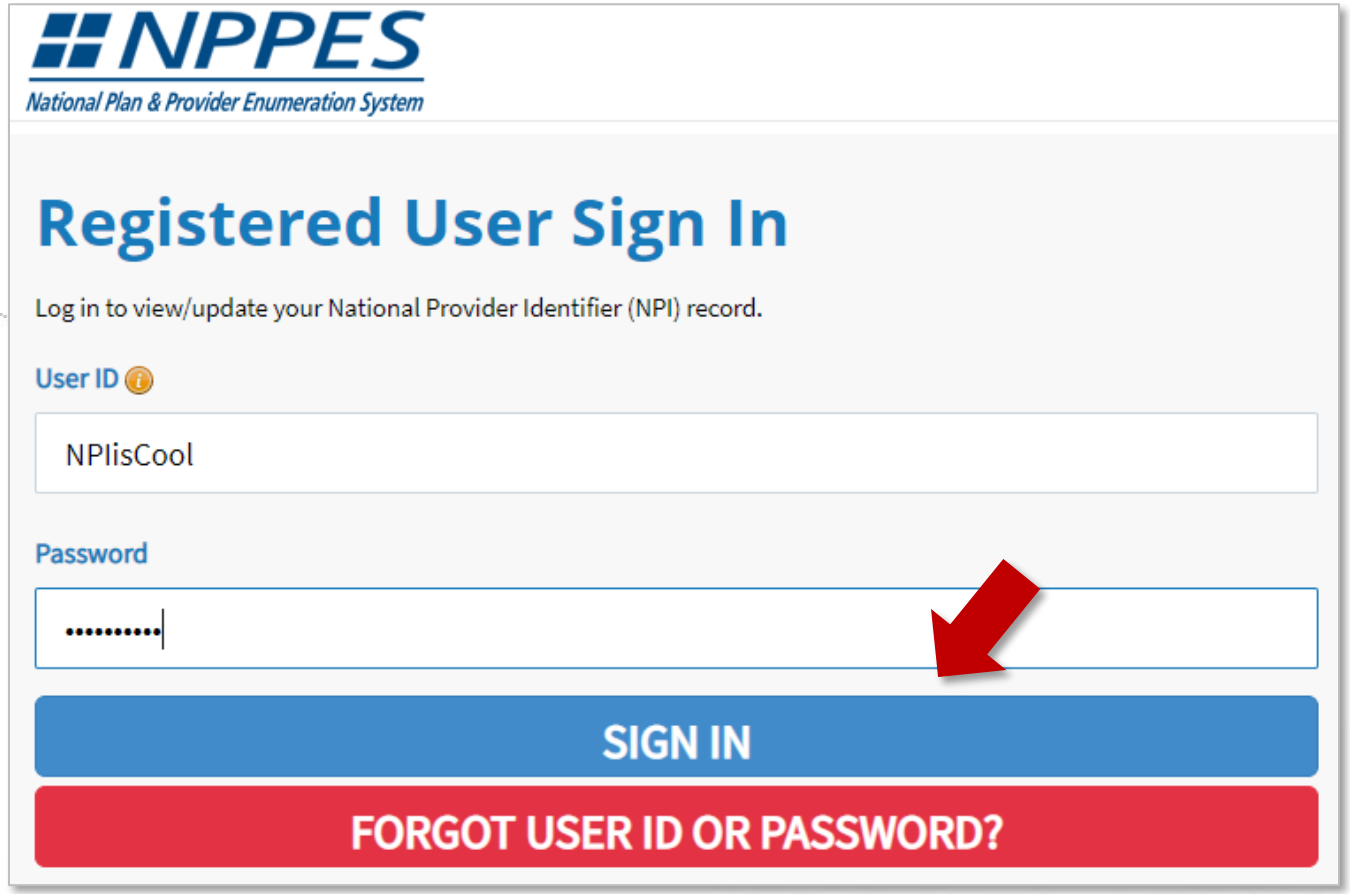
- The next time a User signs into I&A, they will be asked where to send the verification code and about the device.



- Public Device – MFA code will only verify access for that *ONE* session.
- Private Device – the system will install a cookie on the device, & the MFA is good for *24 hours*.

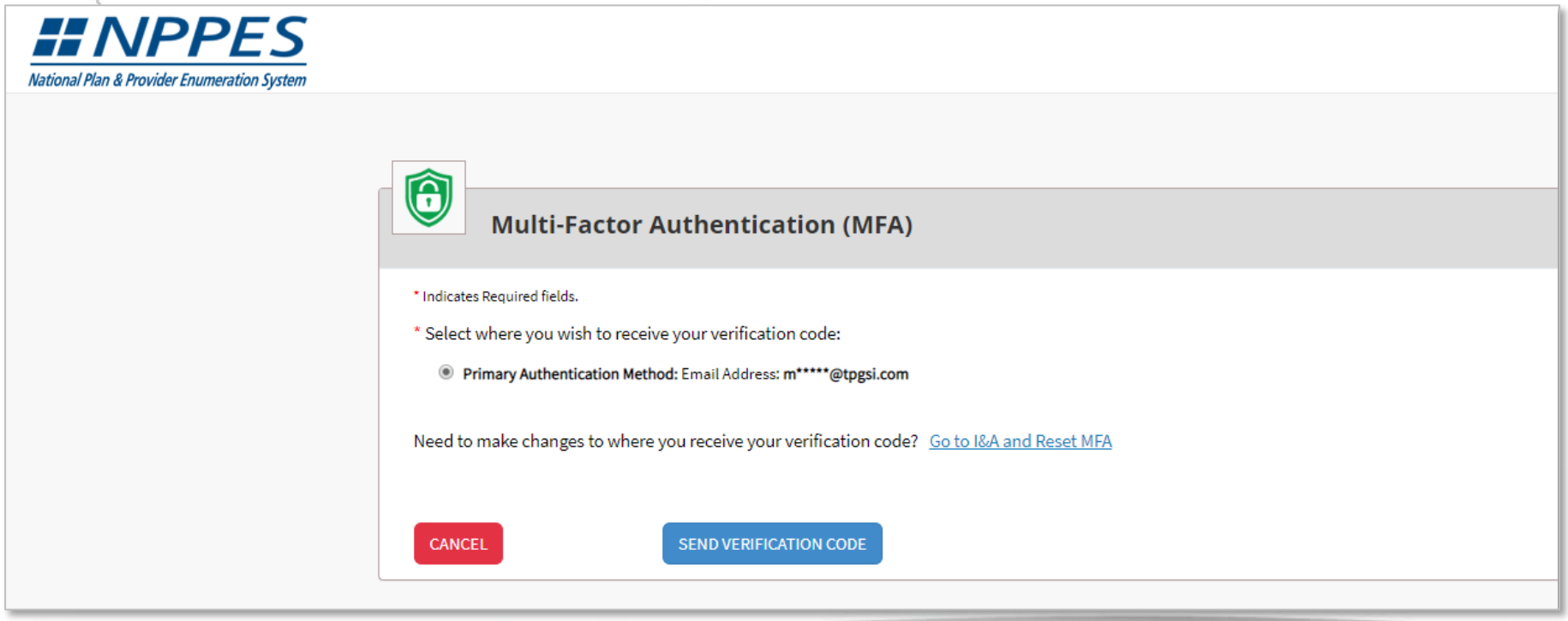
Provider View – Initial Application

- Once back at https://nppes.cms.hhs.gov, the user will sign in under Registered User Sign In to begin the initial NPI application.



NPPES MFA Verification

- The user will be presented a page detailing MFA requirements for NPPES.
  - Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
  - If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.

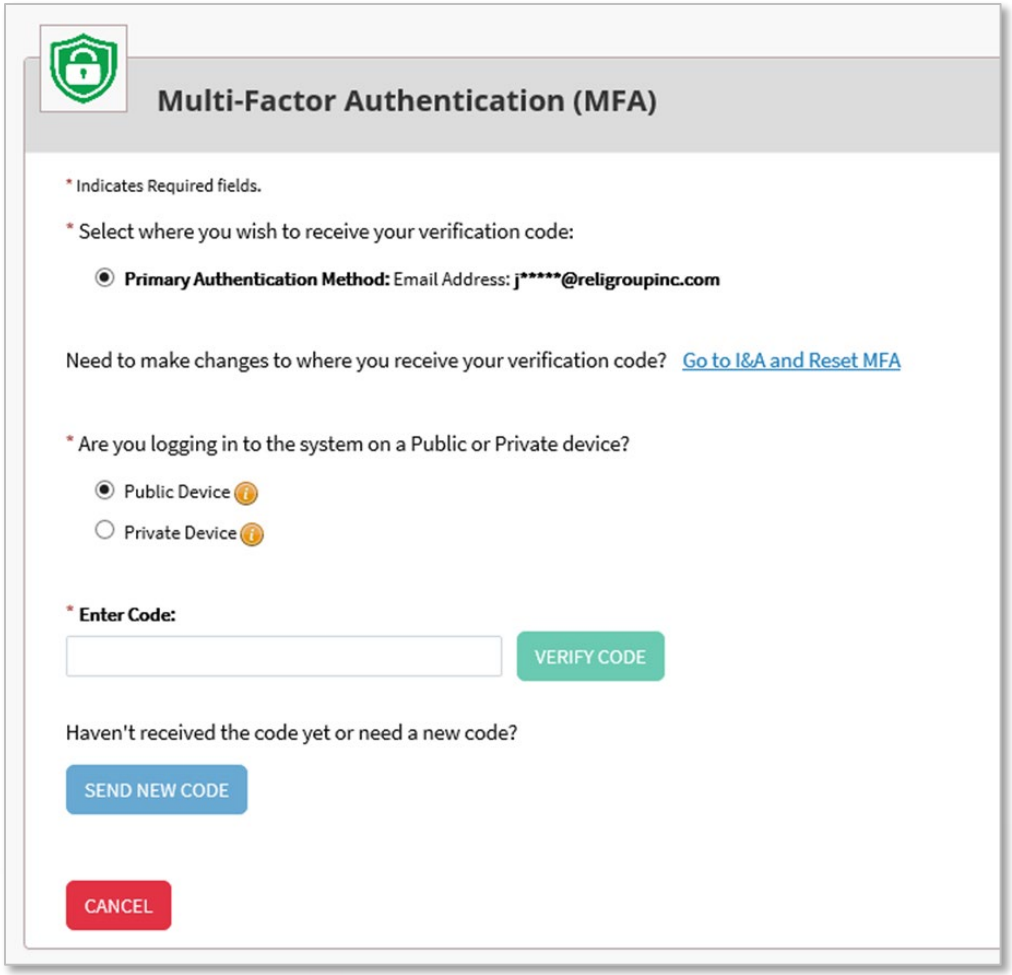


NPPES MFA Verification

- After the code is sent, the user must select the device type.
- VERIFY CODE is selected.

Public Device – MFA code will only verify access for that *ONE* session.

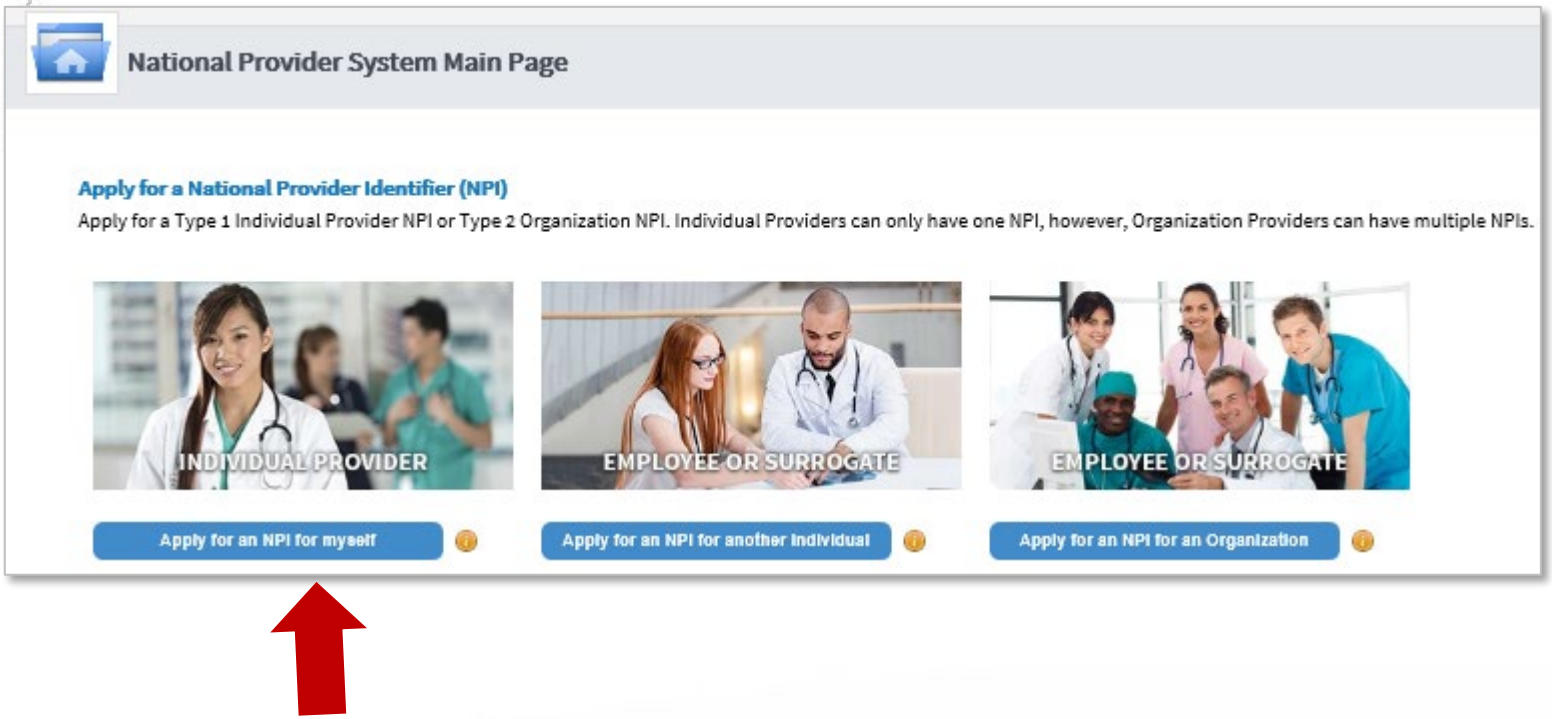
Private Device – the system will install a cookie on the device, & the MFA is good for *24 hours*.



Initial Application for Myself – Type 1

Initial Application - Myself

- Upon logging in with the I&A established User ID and password, the user can select Apply for an NPI for myself.



Initial Application – Provider Profile

1 PROFILE | 2 ADDRESS | 3 HEALTH INFORMATION EXCHANGE | 4 OTHER IDENTIFIERS | 5 TAXONOMY | 6 CONTACT INFO | 7 ERROR CHECK | 8 SUBMISSION

13% application completed

Provider Profile

* Indicates Required fields.

Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: | * First: Henry | Middle: Alan | * Last: Jones | Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix: | First: | Middle: | Last: | Suffix:

Type of Other Name: | Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: [redacted] | * TIN Type: SSN | * Tax Identification Number(TIN): [redacted]

* State of Birth:(If U.S.) | Country of Birth: US - United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Initial Application - Provider Profile

Tip: Once a radio button is selected, it can be changed; however the selection cannot be removed completely.

Provider Profile – Optional Information

Demographic Information(optional)

Ethnicity:

- ○ No, not of Hispanic, Latino/a or Spanish Origin
- ○ Yes, Hispanic, Latino/a or Spanish Origin

Race:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☑ Asian
  - ☐ Asian Indian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Native Hawaiian or other Pacific Islander

Choose Language Filter:

Filter by Language.

Choose Language Spoken:

Select Language

CLEAR SAVE

Filter...

Primary	Languages Spoken	Actions

1 / 1 5 items per page

Application Progression

- Applications are *not* required to be completed in one sitting. Users can save information and come back to it at a later point.
- On any page, the SAVE & RETURN TO MAIN PAGE may be utilized to save the application progress.

Warning

The data you entered has not been submitted.

Select "Save Progress" to save your data without submitting the application.

Select "Complete NPI Application" to finalize and submit your application/updates.

Save Progress | Complete NPI Application

Warning:

You have 30 days to submit your saved data before the request is considered abandoned and the saved data is discarded.

I Understand

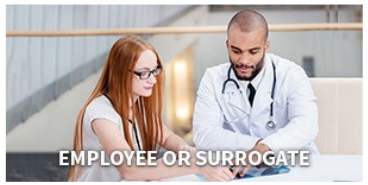
Application Progression

- To return in an application that is in progress, select the pencil icon to return to the page that was last completed in that application.

National Provider System Main Page

Apply for a National Provider Identifier (NPI)

Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.



Apply for an NPI for myself | Apply for an NPI for another Individual | Apply for an NPI for an Organization

Manage Provider Information

You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	XXX-XX-3214	Jones, Henry				In Progress	

Initial Application - Address

- Users must provide both a **Business Mailing Address** and, at minimum, one **Practice Location.**

PROFILE | 2 ADDRESS | 3 HEALTH INFORMATION EXCHANGE | 4 OTHER IDENTIFIERS | 5 TAXONOMY | 6 CONTACT INFO | 7 ERROR CHECK | 8 SUBMISSION

31% application completed

Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

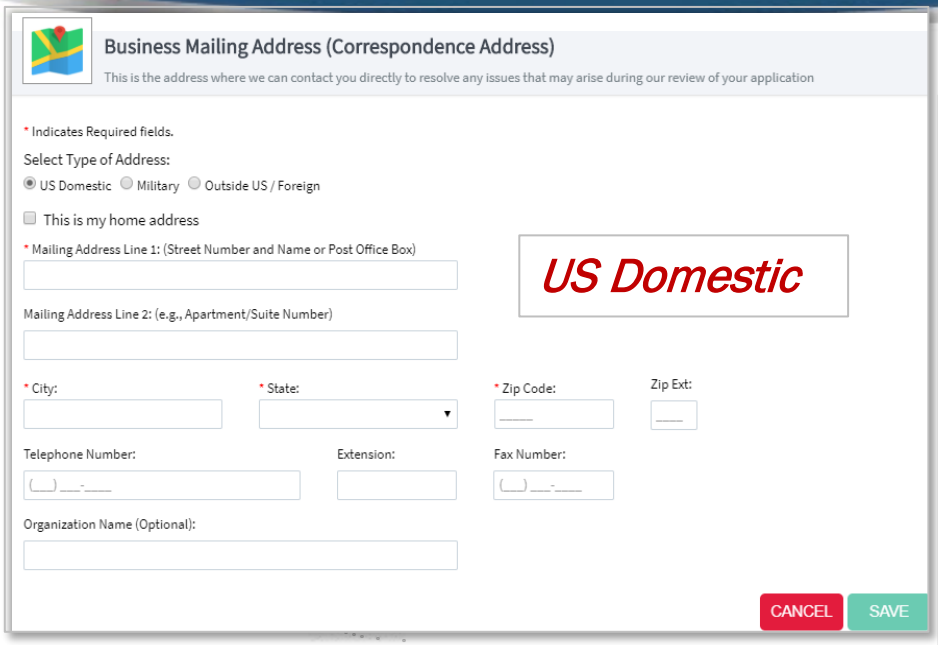
ADD A BUSINESS MAILING ADDRESS

Practice Location (only one required)

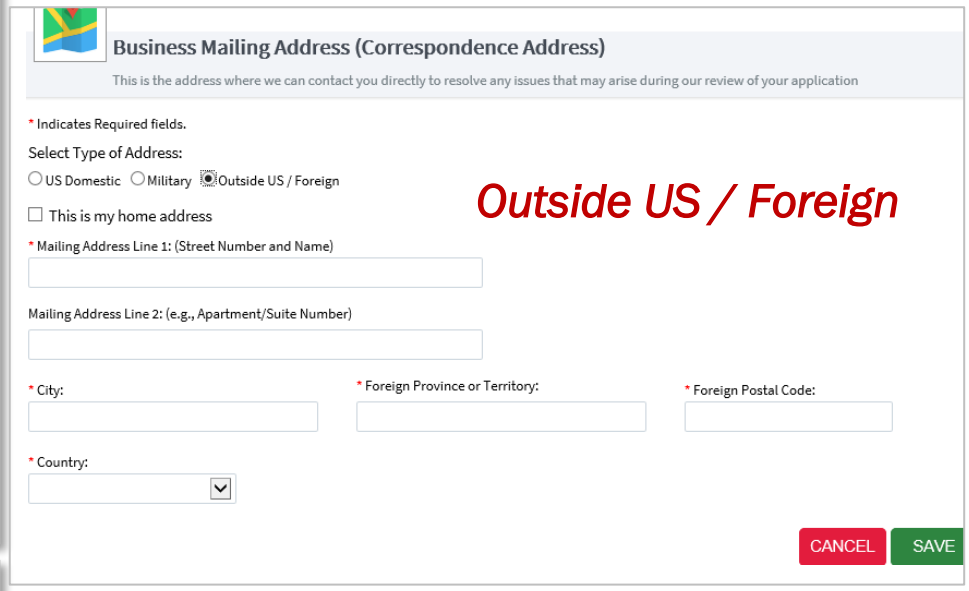
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

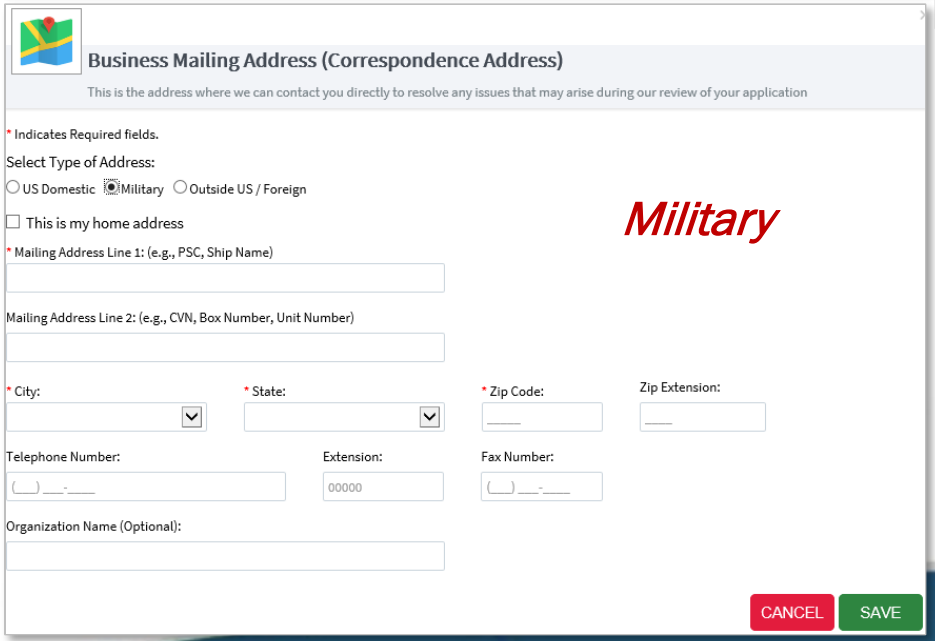
Business Mailing Address



US Domestic



Outside US / Foreign



Military

- Users must select the type of address that will populate the required fields for the Business Mailing Address.
  - *US Domestic*
  - *Military*
  - *Outside US / Foreign*
- Additional checkbox to indicate:
  'This is my home address'

Business Mailing Address Verification

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

* Address Line 1: (Street Number and Name)
300 45th St S

Address Line 2: (e.g., Apartment/Suite Number)

* City: Fargo
* State: ND - NORTH DAKOTA
* Zip Code: 58103
Zip Ext:

Organization Name(Optional)

* Tell us why you don't want to use the standardized address(shown to your right)
Select

USE INPUT ADDRESS | REVALIDATE ADDRESS

Your standardized address:

300 45th St S
Fargo, ND 58103-1189

ACCEPT STANDARDIZED ADDRESS

* Tell us why you don't want to use the standardized address(shown to your right)

Select
Incorrect Street address (e.g: Street instead of BLVD)
Incorrect City
Incorrect State
Incorrect Zip Code
Incorrect PO Box
Other: This will allow users to enter comments

- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.
- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.
- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

Business Practice Location

Business Practice Location

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

* Indicates Required fields.

Select Type of Address: ◉ US Domestic ○ Military ○ Outside US / Foreign

US Domestic

☐ Same as mailing address
☐ This is my home address
☐ Primary practice location

* Address Line 1: (Street Number and Name)
* Telephone Number: (___) ___-____
Extension:
Fax Number: (___) ___-____
Address Line 2: (e.g., Apartment/Suite Number)
Choose Language Filter: Filter by Language.
Choose Language Spoken: Select Language
CLEAR SAVE
* City:
Languages Spoken | Actions
* State:
* Zip Code:
Zip Ext:
Organization Name(Optional):
1 / 1 5 items per page
Office Hours:
CANCEL SAVE

☐ Apply to all	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	OPEN	OPEN	OPEN	OPEN	OPEN	CLOSE	CLOSE
	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

Is this office accessible to individuals with mobility disabilities? ○Yes ○No
Does this office have exam rooms accessible to individuals with mobility disabilities? ○Yes ○No
Does this office have medical equipment accessible to individuals with mobility disabilities? ○Yes ○No

Does this office have medical equipment accessible to individuals with mobility disabilities? ○Yes ○No

CANCEL SAVE

Optional Information

Business Practice Location Verification

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

* Address Line 1: (Street Number and Name)

100 Universal City Plaza

Address Line 2: (e.g., Apartment/Suite Number)

* City:	* State:	* Zip Code	Zip Ext:
Universal City	CA - CALIFORNIA	91608	

Organization Name (Optional):

* Tell us why you don't want to use the standardized address(shown to your right)

Select

USE INPUT ADDRESS | REVALIDATE ADDRESS

Your standardized address:

100 Universal City Plz
Universal City, CA 91608-1002

ACCEPT STANDARDIZED ADDRESS

- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.
- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.
- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

Business Practice Location– Additional Locations

- Once additional practice location(s) are added, the user must select one practice location as a **Primary Location**.

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
☐	300 45th St S Ste 318	Fargo	ND	US			
☑	350 5th Ave	New York	NY	US			
☐	233 S Wacker Dr	Chicago	IL	US			
☐	100 Universal City Plz	Universal City	CA	US			

- The pencil or trash can be utilized at any point to edit or delete information that has been entered on the application.

Health Information Exchange - Endpoints

- Endpoints may be associated with an NPI.
  - Endpoints provide a simple and secure way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet.
  - Can be used to exchange health information between health care entities (primary care physicians, specialists, hospitals, labs, etc.).

PROFILE ADDRESS 3 HEALTH INFORMATION EXCHANGE 4 OTHER IDENTIFIERS 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

63% application completed

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No

* Endpoint Location: Add New Endpoint Location

* Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

CLEAR SAVE

Health Information Exchange - Endpoints

Endpoint: In the context of a provider directory, secure locations on computer networks where protected health information can be sent and received.

Endpoint Description: Freeform narrative that provides information on the Endpoint. Used to provide context.

Endpoints should not include personal email information.

* Endpoint Type:
* Endpoint:
Endpoint Description:

Endpoint Use:
Endpoint Content Type:

* Is the Endpoint affiliated to another organization?
Yes No

* Endpoint Location:
Add New Endpoint Location

* Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

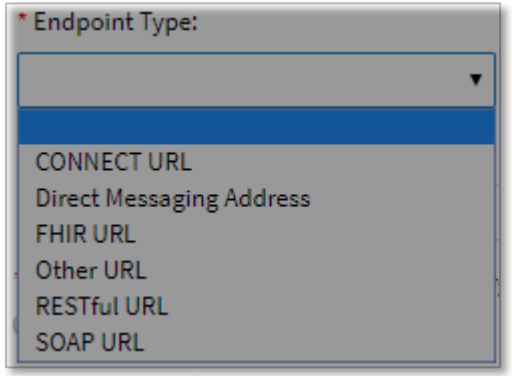
CLEAR SAVE

Endpoint Use: Indicates the most common ways an Endpoint is utilized, for Direct Email, for sending data to an HIE, or other. Used to provide additional context and direction to users of the directory.

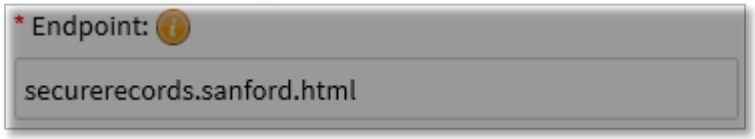
Endpoint Content type: Further definition of endpoint details that provide guidance in the use of a particular endpoint and what one might expect when implementing a connection to an Endpoint.

Health Information Exchange - Endpoints

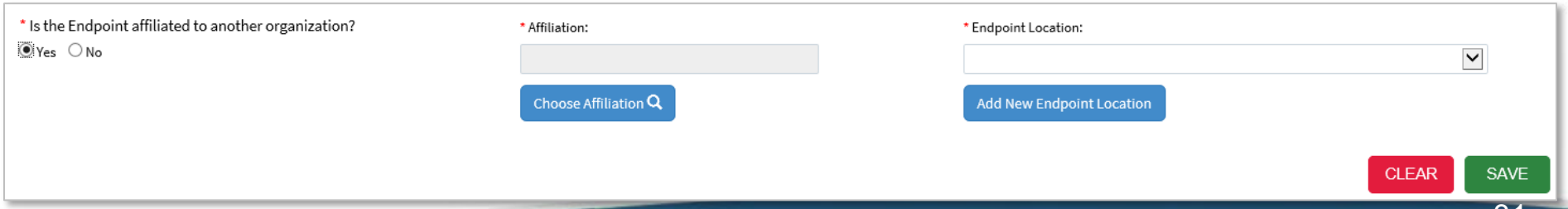
- Select **Endpoint Type:**



- Input the **Endpoint:**

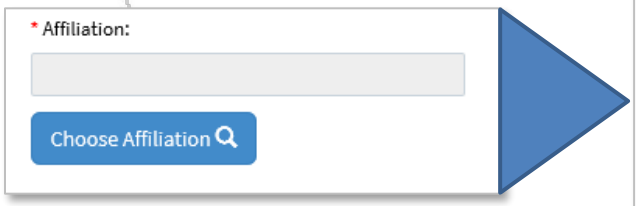


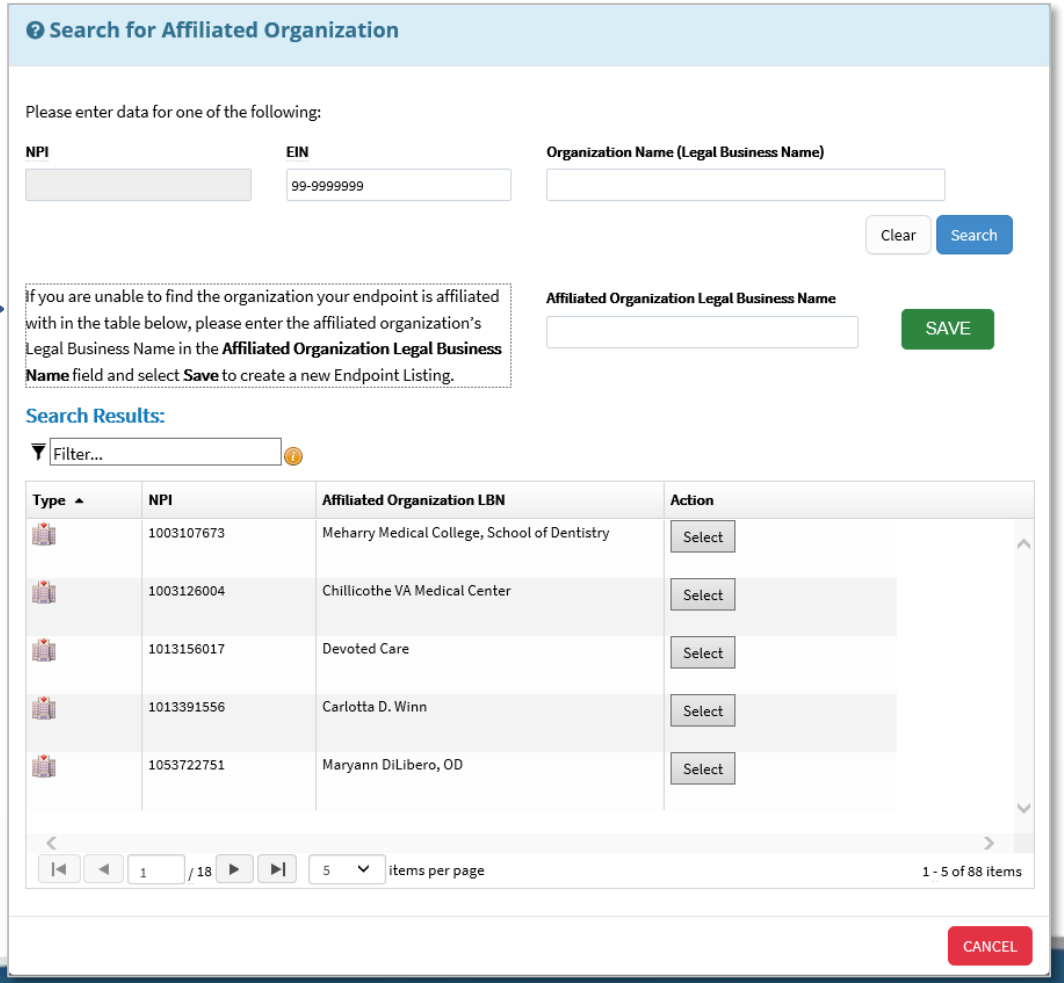
- Select **Yes** *or* **No** to **Is provider affiliated to another organization?**



Health Information Exchange - Endpoints

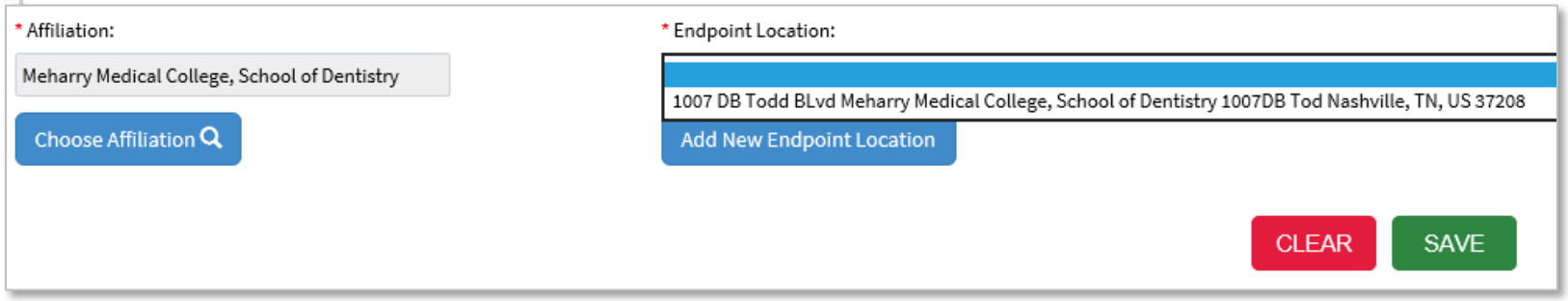
- If **Yes**, the user must select Choose Affiliation and look up the organization using either the NPI, full EIN, or LBN. Search Results will show below the search bar.

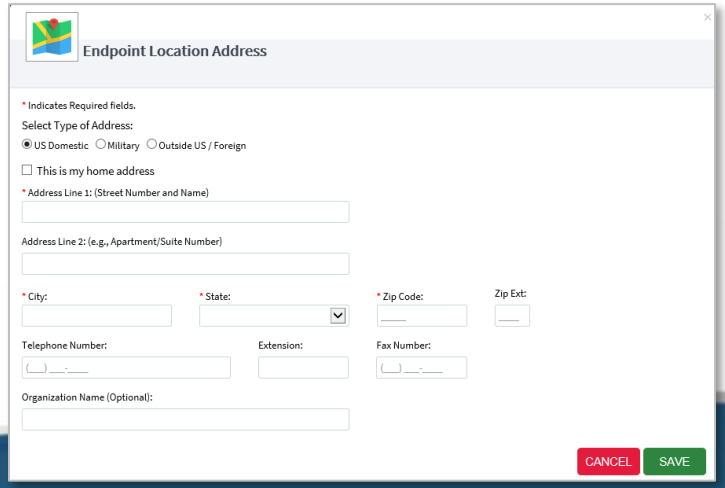




Health Information Exchange - Endpoints

- The user can select from the search results by selecting **select** next to the appropriate affiliated organization LBN.
- They must choose the corresponding Endpoint Location using either the drop-down menu or by selecting Add New Endpoint Location.
  - An **Endpoint Location Address** field will open and the user can add a new location. It will run address standardization
- Select Save.





Health Information Exchange - Endpoints

- If information is entered on this page, the user is required to check the acknowledgement box before saving.

PROFILE ✓ ADDRESS ✓ 3 HEALTH INFORMATION EXCHANGE 4 OTHER IDENTIFIERS 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

63% application completed

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

Is the Endpoint affiliated to another organization? Yes No

* Endpoint Location: Add New Endpoint Location

* Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

CLEAR SAVE

Other Identifiers (Optional)

- Other Identifiers listed on this page will associate other provider identifiers with the NPI.
  - Medicaid & any non-Medicare numbers

PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ 4 OTHER IDENTIFIERS 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

63% application completed

Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them.
DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

* Issuer:

* Identification Number: (DO NOT ENTER SSN, ITIN OR EIN)

State Issued: (if applicable)

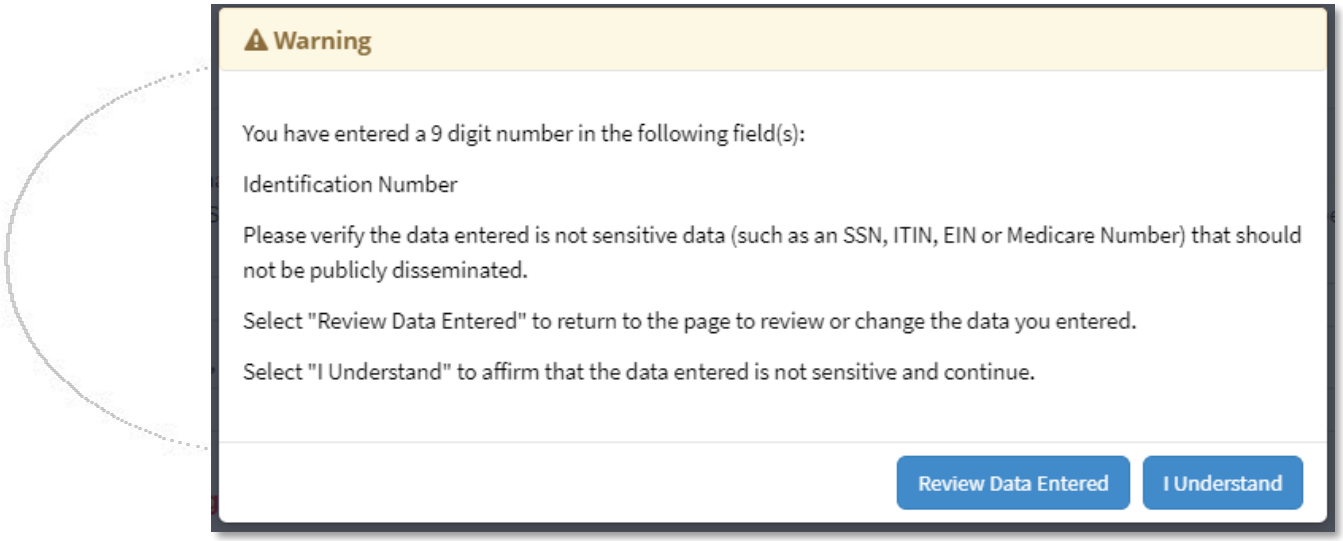
CLEAR SAVE

  - Select issuer type from the **Issuer:** drop-down menu.
  - Input the issuer **Identification Number:**
  - Input the applicable **State Issued:**

Issuer ▲	Other Issuer	State Issued	Identification Number
Medicaid		DC	236
Other	BCBS		568946544
Other	Health Partners		5874

Other Identifiers - Warning

- If a user enters their SSN or any 9-digit number NPPES will generate a warning message:



- User has the option to Review Data Entered or I Understand.

Taxonomy

PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ OTHER IDENTIFIERS ✓ 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

63% application completed

Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company's web page.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy

* Classification Name/Specialization:

License Number:

State Issued:

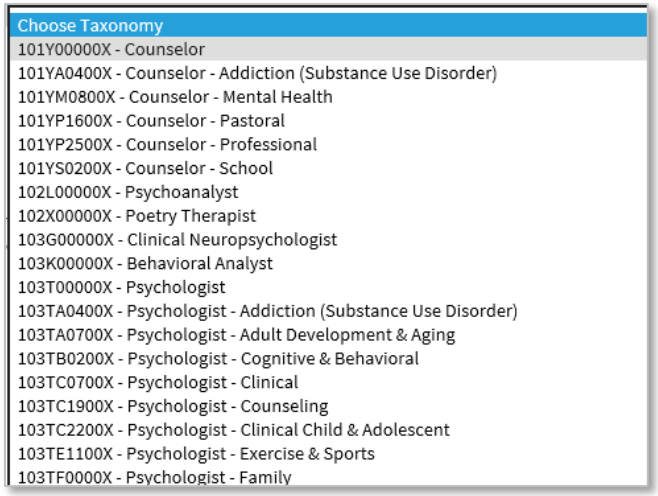
CLEAR SAVE

Taxonomy

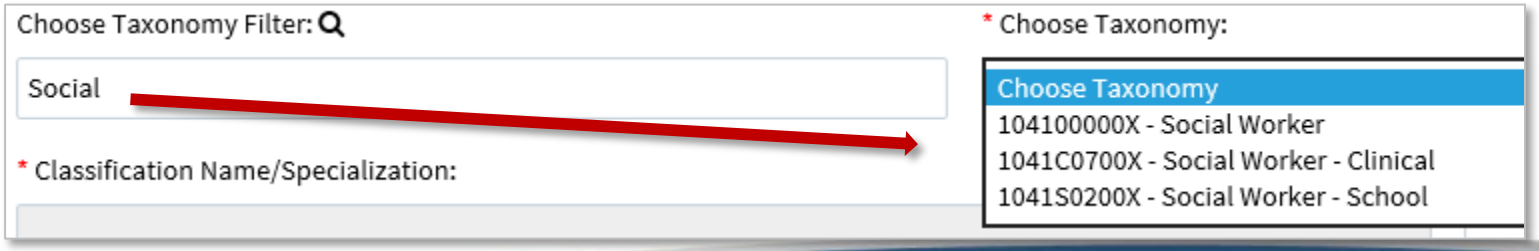
- At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.

  ***15 Taxonomy Codes may be listed at MAX**

  - All taxonomy codes available within the NPPES system may be found in the **Choose Taxonomy:** dropdown.



  - The **Choose Taxonomy Filter** can also be utilized to filter by taxonomy name or taxonomy code.



Taxonomy

- Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the **Primary Taxonomy.**
  - Select the checkbox to the left of the applicable taxonomy code.

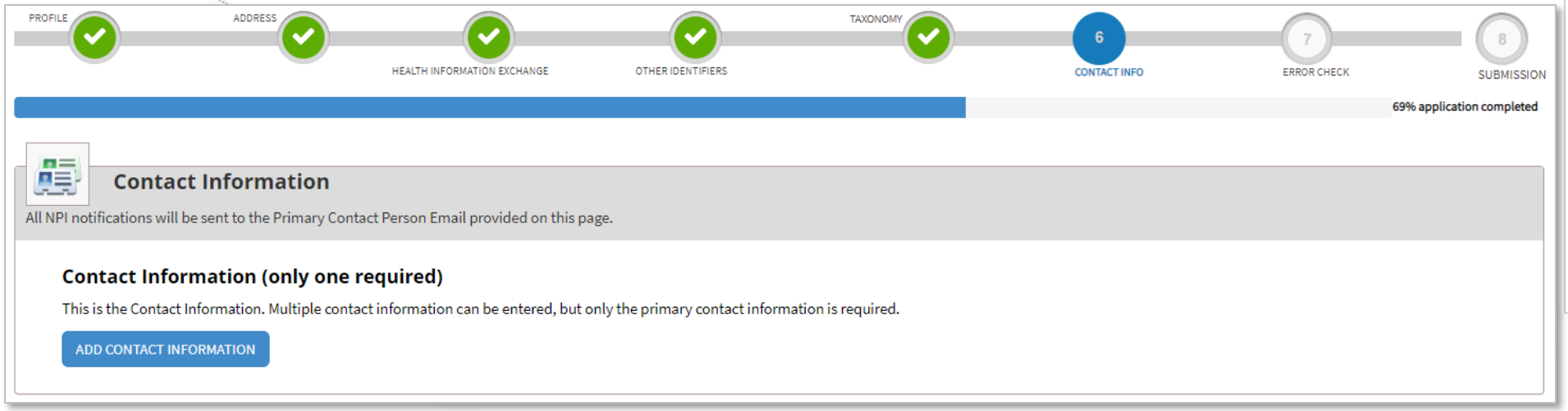
Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
☐	103TF0000X	Psychologist - Family		1234	LA
☐	101Y00000X	Counselor		5894	LA
☐	103TS0200X	Psychologist - School		987456A	AL

- If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the **Primary Taxonomy.**

Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
☑	122300000X	Dentist		29049	NY	

Contact Information

- Contact Person Information can be:
  - **Provider** – *info will auto-fill from Provider Profile page*
  - **2nd individual** – *should be knowledgeable of NPPES/NPI*
- This is where the NPI will be sent when it is enumerated & also who will be contacted if verification is needed when processing the application.
- Information is hidden from the NPI Registry.



Contact Information

Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

☑ Primary Contact Information

☐ Contact Person is same as Myself (Henry Jones)

Prefix:	* First:	Middle:	* Last:	Suffix:
Miss	Mary		Shelly	

Credential(s):(MD, DO, etc.)	Title/Position:
	Office Assistant

* Telephone Number:	Extension:	* Contact Person Email:	* Confirm Contact Person Email:
(654) 897-4521		Mary.Shelly@email.com	Mary.Shelly@email.com

CANCEL SAVE

Contact Information

- Multiple Contact People can be added by selecting the **ADD ANOTHER CONTACT** button on the Contact Information page.
  - One Contact Person must be selected as the **Primary Contact.**

Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Filter...

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email
☑	Mary Shelly		Office Assistant	6548974521	Mary.Shelly@email.com
☐	Fred Flinstone		Office Lead	5649873210	FredandWilma@email.com

1 / 1 5 items per page 1 - 2 of 2 it

ADD ANOTHER CONTACT

Error Check – No Errors

PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ OTHER IDENTIFIERS ✓ TAXONOMY ✓ CONTACT INFO ✓ 7 ERROR CHECK 8 SUBMISSION

94% application completed

Error Check

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile

✔ COMPLETED: Profile
No Errors Found
REVIEW

Step 2: Address

✔ COMPLETED: Address
No Errors Found
REVIEW

Step 3: Health Information Exchange

✔ COMPLETED: Health Information Exchange
No Errors Found
REVIEW

Step 4: Other Identifiers

✔ COMPLETED: Other Identifiers
No Errors Found
REVIEW

Step 5: Taxonomy

✔ COMPLETED: Taxonomy
No Errors Found
REVIEW

Step 6: Contact Information

✔ COMPLETED: Contact Information
No Errors Found
REVIEW

Submission Certification

PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ OTHER IDENTIFIERS ✓ TAXONOMY ✓ CONTACT INFO ✓ ERROR CHECK ✓ 8 SUBMISSION

94% application completed

Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- 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 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 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:

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, fictitious 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 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.

* ☐ I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

PREVIOUS | SUBMIT | SAVE & RETURN TO MAIN PAGE

Submission Confirmation

Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is :** 02052021614839

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this ...tion. Please be sure to check the "junk" folder.
If you have any questions regarding this application or if a designated co...rson doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu.
If the submitted NPI application contains no errors or additional verificatio...e enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021
Authorized Official: jessie Org
Contact Person: Jessie Three-fourteen
Primary Practice Location Address: 7281 4th St, Remington VA 22734-2124, US
EIN: 525020521
Date Submitted: Feb-05-2021
Contact Email: jhuser0314@test.com

To print this page for your reference, click:

PRINT THIS PAGE

Please Note: This page printout may contain sensitive information.
To View or print this application click:

VIEW PRINTER FRIENDLY VERSION OF APPLICATION

Get Adob Acrobat F

The NPI Enumerator may be contacted Monday through Friday, 9am t

By Phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with sp

By Email:
customerservice@npienumerator.com

By Mail:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751

*Holiday hours may vary

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to https://nppes.cms.hhs.gov, and you were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: 02052021614839

If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021
Authorized Official: jessie Org
Primary Contact Person: Jessie Three-fourteen
Primary Practice Location Address: 7281 4th St Remington, VA 22734-2124 United States
EIN: 525020521
Date Submitted: Feb-05-2021

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu at https://nppes.cms.cmstest/webhelp/nppeshelp.

NPI Enumerator Contact Information Monday through Friday, 9am to 5pm (Eastern Time)*
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY for the deaf, hard of hearing, or those with speech difficulties)

*Holiday hours may vary

By e-mail: at customerservice@npienumerator.com

By mail at:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.