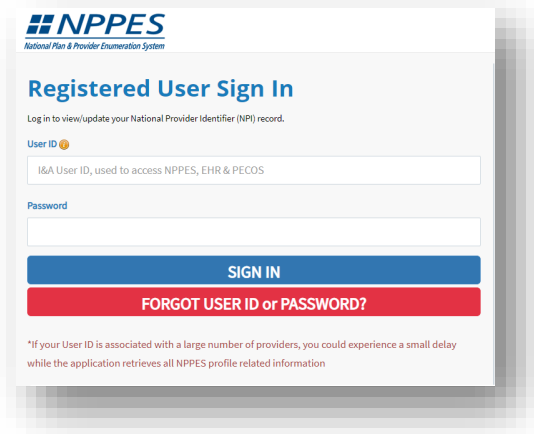


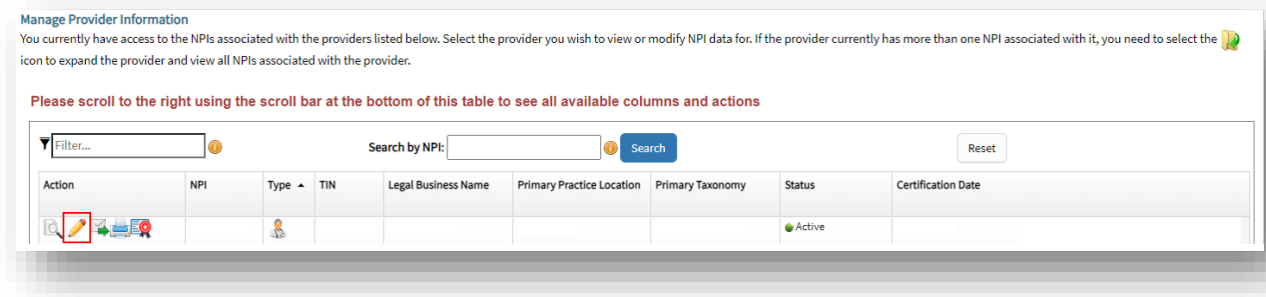
How to remove the other name information for a Type 1 NPI

1. Sign In to NPPES by entering User ID and Password.



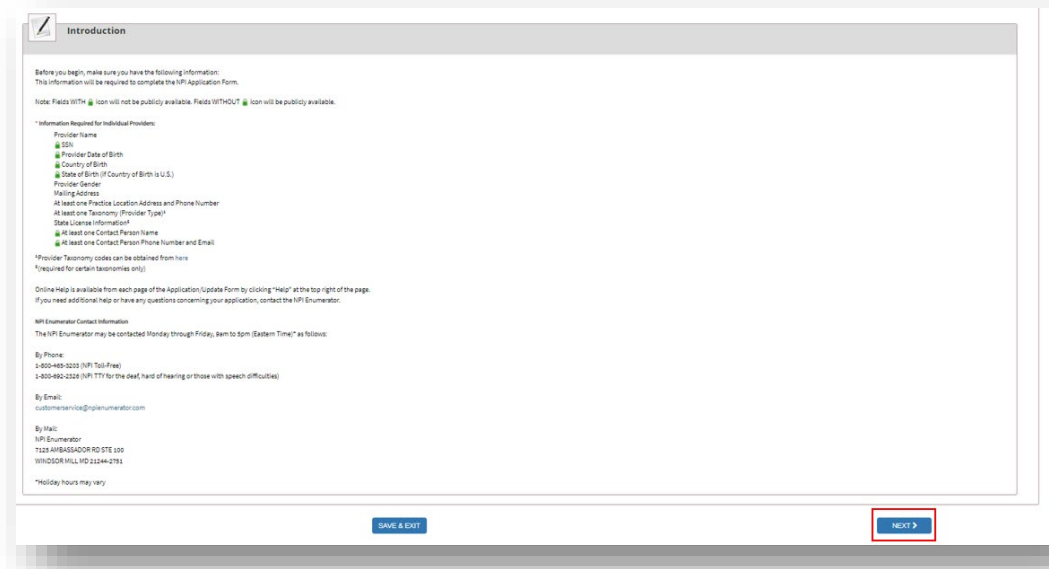
The image shows the NPPES (National Plan & Provider Enumeration System) login page. At the top left is the NPPES logo. The main heading is "Registered User Sign In". Below this, there is a sub-heading "Log in to view/update your National Provider Identifier (NPI) record." The form contains two input fields: "User ID" with a hint "I&A User ID, used to access NPPES, EHR & PECOS" and "Password". Below the fields are two buttons: a blue "SIGN IN" button and a red "FORGOT USER ID or PASSWORD?" button. A note at the bottom states: "*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information".

2. Click the Pencil icon within the Actions column for the NPI that needs to be updated.



The image shows the "Manage Provider Information" page. It includes a heading "Manage Provider Information" and a paragraph: "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." Below this is a red instruction: "Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions". The table has a search bar "Filter..." and "Search by NPI:" with a "Search" button and a "Reset" button. The table columns are: Action, NPI, Type, TIN, Legal Business Name, Primary Practice Location, Primary Taxonomy, Status, and Certification Date. The "Action" column contains a pencil icon, which is highlighted with a red box.

3. Introduction page displays. Click 'Next' button to Profile page.



The image shows the "Introduction" page. It has a heading "Introduction" and a sub-heading "Before you begin, make sure you have the following information: This information will be required to complete the NPI Application Form." Below this is a note: "Note: Fields WITH icon will not be publicly available. Fields WITHOUT icon will be publicly available." The page lists "Information Required for Individual Providers" with a list of fields: Provider Name, SSN, Provider Date of Birth, Country of Birth, State of Birth (if Country of Birth is U.S.), Provider Gender, Mailing Address, At least one Practice Location Address and Phone Number, At least one Taxonomy (Provider Type)*, State License Information†, At least one Contact Person Name, and At least one Contact Person Phone Number and Email. There are also footnotes: "*Provider Taxonomy codes can be obtained from here" and "†Required for certain taxonomies only." The page provides contact information for the NPI Enumerator, including phone numbers (1-800-495-8225 for TDD/Text, 1-800-492-2328 for TTY) and email (customerservice@npienumerator.com). At the bottom, there are two buttons: "SAVE & EXIT" and "NEXT >", with the "NEXT >" button highlighted by a red box.

4. Provider Profile page displays. Select and clear out the Other First name, Other Middle name, Other Last name, and Credentials, if applicable.

The screenshot shows the 'Provider Profile' form. The 'Other Name (if applicable)' section is highlighted with a red box. This section includes fields for Prefix, First, Middle, Last, and Suffix, along with a dropdown for 'Type of Other Name' and a text field for 'Other Name'. The 'First' field contains the text 'Other'.

Note: To remove the Prefix or Suffix, select the dropdown arrow to be able to select '--' option.

This screenshot shows the 'Provider Profile' form with the 'Prefix' dropdown menu in the 'Other Name' section open. The menu lists options: '--', Dr., Miss, M.D., M.A., and Prof. A mouse cursor is pointing at the '--' option.

5. Click the drop-down box in Type of Other Name field and select the blank option to remove the type of other name.

This screenshot shows the 'Provider Profile' form with the 'Type of Other Name' dropdown menu open. The menu lists options: 'Turner Name', 'Post-Professional Name', and 'Other Name'. A mouse cursor is pointing at the 'Other Name' option.

6. Once all the above fields are removed, click 'Next' button to address page.

Other Name (if applicable)

Prefix: First: Middle: Last: Suffix:

Type of Other Name:

Other Identifying Information:

* Date of Birth: * Social Security Number (SSN):

* Date of Birth (U.S.): * Country of Birth:

TX-TEAS: US-United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Demographic Information (optional)

Note: The reporting of race and ethnicity data are for Medicare providers only and is optional.

Ethnicity: Other, not of Hispanic, Latino or Spanish Origin
 Other, Hispanic, Latino or Spanish Origin

Race: White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander

Languages Spoken (optional)

If more than one language is selected, a primary must be chosen.

Choose Language Filter:

Filter by Language:

Choose Language Spoken:

Select Language:

Primary	Languages Spoken	Actions
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

7. Address page displays. Click 'Next' button to Endpoint for Exchange Healthcare Information page.

Address

This information will be used to contact the provider. If you have questions about the NPI application.

Business Mailing Address (Correspondence Address)

This is the address you can use if you have questions or need to receive any items that may arise during our review of your application.

United States

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.

Address	Primary Location	City	State/Province/Region	Country	Office Hours	Language Spoken
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	US	<input type="text"/>	<input type="text"/>

8. Endpoint for Exchange Healthcare Information page displays. Click 'Next' button to Other Identifiers page.

Endpoint for Exchanging Healthcare Information (optional)

If you are not going to add an Endpoint to this NPI at this time, click the Next button.
 If you are going to add an Endpoint to this NPI, click here.

9. Other Identifiers page displays. Click 'Next' button to Taxonomy page.

Other Identifiers (optional)
Associating other provider identifiers with your NPI is optional.
If you are not going to add an Other Identifier to this NPI at this time, click the Next button.
If you are going to add an Other Identifier to this NPI, click here.

PREVIOUS SAVE & EXIT NEXT

10. Taxonomy page displays. Click on 'Next' button to Contact Information page.

Taxonomy
Provider's Taxonomy Information

Includes 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 National Uniform Claim Committee Website.
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: Q
Filter by Taxonomy name or Taxonomy code
Choose Taxonomy
Choose Taxonomy
Classification Name/Specification License Number Date Issued
CLEAR SAVE

If you save a taxonomy with a license number, after saving the taxonomy, you may edit the license number using the edit pencil icon in the actions column. If you wish to delete the license number, delete the taxonomy and re-add it. Do not use the edit pencil to delete the license number.
Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Actions	Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
		101200001				

PREVIOUS SAVE & EXIT NEXT

11. Contact Information page displays. Click on 'Next' button to Error Check page.

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.

Actions	Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email
					804483220	

PREVIOUS SAVE & EXIT NEXT

12. Error Check page displays. Click on 'Next' button to the Submission Certification page.

Error Check

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

VIEW Please click the VIEW button to review which details of this information will be public after you submit. **VIEW**

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**

PREVIOUS **SAVE & EXIT** **NEXT**

13. Submission Certification page displays. Check the check box to certify the information then click the Submit button.

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. 287.5(j) 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 9.100.100.

PREVIOUS **SAVE & EXIT** **SUBMIT**

14. User will get a Submission Confirmation with a tracking number.



Submission Confirmation

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

You have successfully submitted your Change Request to the NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "Junk" folder.

If you have any questions regarding this application or if a designated contact person 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 verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.