Individual Type 1 NPI Electronic Application

To Begin the Application Process	
To Begin the Application Process Log into the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov • Using your mouse select National Provider Identifier(NPI)	**NPPES** *National Plan & Provider Enumeration System* Help **National Plan and Provider Enumeration System (NPPES)** The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers, as well as the adoption of standard unique identifiers for health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers. If you are a **Health Care Provider**, the National Provider Identifier (NPI) is your standard unique identifier. If you are a covered **Health Plan**, the National Health Plan Identifier (NPlanID) is your standard unique identifier. **About NPPES....** CMS has contracted with Fox Systems, Inc. to serve as the NPI Enumerator. The NPI Enumerator is responsible for dealing with health plans and providers on issues relating to unique identification. The NPI Enumerator may be contacted as follows: By phone: 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY) By e-mail at: customerservice@npienumerator.com By mail at: NPI Enumerator PO Box 6059 Fargo, ND 58108-6059 **CMS** Centers for Medicare & Medicaid Services Department of Health and Human Services

Initially you want to click "Apply Online for an NPI"

In the future to view or make updates to your NPI data:
- click one of the following:
    Login – to view or update NPI data
    Create Login to View or Update your NPI Data
        - to create a User Id for an existing NPI

NPPES

National Plan & Provider Enumeration System

National Provider Identifier

For Health Care Providers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**.

Need an NPI? -->   Apply Online for an NPI
Estimated time to complete the NPI application form is 20 minutes.
Click here to see tips to expedite your NPI application before you begin your application.

Want to View or Update your NPI data? ------------->   Login

Want to Create a User Id for an existing NPI? ------>   Create Login to View or Update your NPI Data

Additional Resources:

NPI Application / Update Form - [PDF File]
Application Help
Privacy Information
Frequently Asked Questions
NPI Final Rule
Contact Information
HIPAA Administrative Simplification Information

Note: To view PDF files, you must have Adobe Acrobat Reader. If you do not already have Acrobat Reader installed, please Download Acrobat Reader now.

Get Adobe Reader

To begin completing online application,
 Click the "Begin Application Form" button

NPPES

National Plan & Provider Enumeration System

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NPI Application Instructions

Step 1: Before you begin, make sure you have the following information.
   This information will be required to complete the NPI Application Form.
   You will not be able to save your work if you quit before you have completed the application form.

- **Information Required for Individual Providers**
  Provider Name
  SSN (or ITIN if not eligible for SSN)
  Provider Date of Birth
  Country of Birth
  State of Birth *(if Country of Birth is U.S.)*
  Provider Gender
  Mailing Address
  Practice Location Address and Phone Number
  Taxonomy (Provider Type)
  * State License Information
  Contact Person Name
  Contact Person Phone Number and Email

- **Information Required for Organizations**
  * *(required for certain taxonomies only)*
  Organization Name
  Employer Identification Number (EIN)
  Name of Authorized Official for the Organization
  Phone Number of Authorized Official for the Organiza
  Organization Mailing Address
  Practice Location Address and Phone Number
  Taxonomy (Provider Type)
  * State License Information
  Contact Person Name
  Contact Person Phone Number and Email

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

If you need additional help or have any questions concerning your application, contact the NPI Enumerator.

NPI Enumerator Contact Information

By phone:	By e-mail at:	By mail at:
1-800-465-3203 (NPI Toll-Free)	customerservice@npienumerator.com	NPI Enumerator
1-800-692-2326 (NPI TTY)		PO Box 6059
		Fargo, ND 58108

Step 2: Read the information below.
   You must agree to the terms below when you submit your application:

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

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

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

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

Penalties for Falsifying Information on the NPI / Update Form:
18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agenc States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitio statements or representations, or makes any false writing or document knowing the same to contain any false, fictictious or fraudulent Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are su 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 amou authorized by the sentencing statute.

Step 3: Begin online application.   `Begin Application Form`

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Select NPI User ID and Password Screen

*Indicates Required Fields

NPI User ID – must be 6-12 characters and unique within the NPI System

NPI Password - must be 6-12 characters, contain at least one number, one letter, no special characters (this password can be used repeatedly when completing NPI applications)

Select Secret Question: this is the question that must be answered in the event that your password is forgotten.
Choose a question from the drop down list

Answer: provide an answer to the question that you will remember

Select Entity Type Screen

- Select Type 1 for individual provider

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National Plan & Provider Enumeration System

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NPI Application Form – Select NPI User ID and Password

Indicates Required Field

Please enter a user ID and password for future access to NPI:

* NPI User ID: UPITEST
* NPI Password: ●●●●●●●●   Note: Password must be 6-12 characters long, contain at least one letter, one number, no special
* Retype NPI Password: ●●●●●●●●   characters, and not be the same as the user ID.
* Select Secret Question: What was your favorite place to visit as a child?
* Answer: DOCTOR'S OFFICE

Next >

Note: Please use the Next button to navigate to the next page in the application.

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National Plan & Provider Enumeration System

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NPI Application Form – Select Entity Type

Please select the radio button which most applies to you or your organization:

○ Type 1: An individual who renders health care services. (Example: Dentist, Chiropractor, Pharmacist)

○ Type 2: An organization that renders health care services. (Example: Hospital, Nursing Facility, Pharmacy)

Next >

Individual Profile Page Screen

* Indicates Required Fields

*Provider Name – full legal name, must match name on file with Social Security Administration

Other Name – Other first or last names by which the provider is or has been known; such as a maiden name

*Date of Birth - must match DOB on file with Social Security Administration

*Social Security Number - enter provider's 9 digit SSN without dashes

***State of Birth**- required if country of birth is U.S.

***Country of Birth –** Country in which the provider was born**;** select from the "Country of Birth" drop down list.

*Gender – provider's gender

Provider Name Information:
* Indicates Required Field

Prefix:	* First:	Middle:	* Last:	Suffix:

Credential(s): *(M.D., D.O, etc.)*

Other Name: *(if applicable)*

Prefix:	First:	Middle:	Last:	Suffix:

Credential(s): *(M.D., D.O, etc.)*   **Type of Other Name:**

Other Identifying Information:

Mandatory (You must enter a Social Security Number if you have one. Only enter an IRS Individual Taxpayer ID if you are a foreign-born national without a Social Security Number.)

* Date of Birth: *(MM/DD/YYYY)*	Social Security Number: *(Without Dashes)*	IRS Individual Taxpayer ID: *(Without Dashes)*

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

* Gender:
○ Male
○ Female

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Individual Mailing Address Page Screen

* Indicates Required Fields

*Address Line 1 – required for NPPES to resolve any issues that may arise during the application review

*City/State/Zip

NPI Application Form – Mailing Address

Application Sections
- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person
- Certification

If your primary address is outside the U.S. or you have a **military address**, click here: [ ] Foreign Addre

Domestic Mailing Address Information

*Indicates Required

* Address Line 1: *(Street Number and Name)*
`PO BOX 64765`

Address Line 2: *(e.g. Suite Number)*
`_____`

* City: `BALTIMORE`   *** State**: `MD`   *** Zip + 4**: `21264` - `4765`   **Country**: `United States`

Phone Number: *(Without Dashes)*   **Extension**:   **Fax Number**: *(Without Dashes)*
`4105285710`   `_____`   `4105283510`

[ ] < Previous   [ ] Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Mailing Address Standardization Page Screen

In order to ensure the optimum performance of the system; all domestic addresses are standardized.
Ex: "Avenue" is changed to "Ave."

If NPPES verifies the address, standardization results will be displayed

Choose "**Accept Standardized Address**"- this will replace your input with the standardized address.

If you choose "**Use Input Address**" this will delay the enumeration process.

NPI Application Form – Mailing Address Standardization

In order to ensure the optimum performance of the National Provider System, we standardize all addresses; for example, we change "Avenue" to "Ave." This makes it easier to find your information again in the future and to ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:
PO Box 64765

Baltimore MD 21264 - 4765

Please do one of the following:

1) Accept the standardized address.

2) Reject the standardized address and keep your input as is.
   Note: Rejecting standardized address will delay enumeration

3) Modify your input in the boxes below and submit for revalidation.

Indicates Required Field

* Address Line 1: *(Street Number and Name)* `PO BOX 64765`

Address Line 2: *(e.g. Suite Number)* `_____`

* City, State, Zip: `BALTIMORE` `MD` `21264` - `4765`

[ ] Accept Standardized Address   [ ] Use Input Address   [ ] Revalidate Address

---

Practice Location Page Screen

*Indicates Required Fields

Address Line 1 – provide information on the address of the provider's primary practice location

City/State/Zip

NPI Application Form – Practice Location

If your primary address is outside the U.S. or you have a **military address**, click here: [ ] Foreign Addre

Domestic Practice Location Information

* Indicates Required

If the Practice Location is the same as the Mailing Address, click here:
[ ] Same As Mailing Address

If your Mailing Address and Practice Location differ, please fill out the following:

* **Address Line 1**: (Street Number and Name)
405 W. REDWOOD STREET

Address Line 2: (e.g. Suite Number)
5TH FLOOR

* **City**:   * **State**:   * **Zip + 4**   **Country**:
BALTIMORE   MD ▾   21201 -   United States ▾

* **Phone Number**: **Extension**: **Fax Number**:
(Without Dashes)   (Without Dashes)
4105285710   4103283510

[ ] < Previous   [ ] Next >

Practice Location Standardization Page Screen

If NPPES verifies the address, standardization results will be displayed.

Choose "**Accept Standardized Address**"- this will replace your input with the standardized address.

If you choose "**Use Input Address**" this will delay the enumeration process.

NPI Application Form – Practice Address Standardization

In order to ensure the optimum performance of the National Provider System, we standardize all addresses; for example, we change "Avenue" to "Ave." This makes it easier to find your information again in the future and to ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:
405 W Redwood St
5TH FLOOR
Baltimore MD 21201 - 7005

Please do one of the following:

1) Accept the standardized address.

2) Reject the standardized address and keep your input as is.
   Note: Rejecting standardized address will delay enumeration

3) Modify your input in the boxes below and submit for revalidation.

* Indicates Required Field

* **Address Line 1**: (Street Number and Name) 405 W. REDWOOD STREET

Address Line 2: (e.g. Suite Number) 5TH FLOOR

* **City, State, Zip**: BALTIMORE   MD ▾ 21201 -

[ ] Accept Standardized Address   [ ] Use Input Address   [ ] Revalidate Address
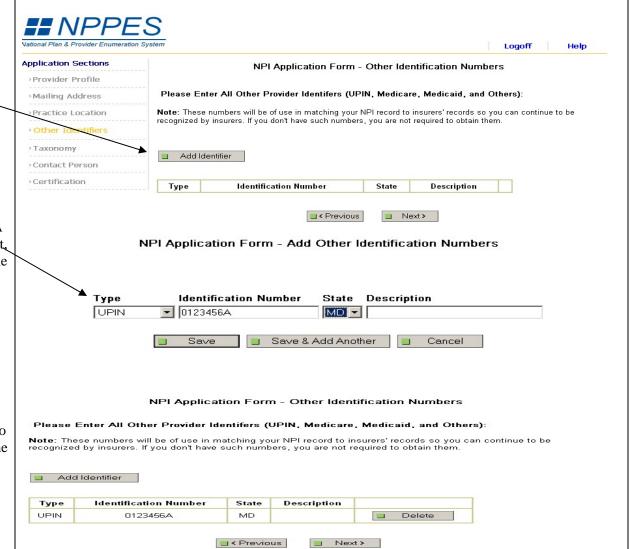
Other Identification Numbers Page Screen

Provide any provider identification or billing numbers currently in use or formerly used by the provider

- Click "Add Identifier" button

- Enter provider's UPIN, Medicare PIN and MA number. Select from the "Type" drop down list, and then select the corresponding state from the "State" drop down list.
- Click the "Save" button to enter the identifier into the system. For multiple identifiers, click the "Save & Add Another" button.

After clicking the "Save" button you will be returned to the Other Identification Numbers Page (displayed to the right), where the identification number you added will be displayed in a table.

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National Plan & Provider Enumeration System

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Application Sections

> Provider Profile
> Mailing Address
> Practice Location
> Other Identifiers
> Taxonomy
> Contact Person
> Certification

NPI Application Form – Other Identification Numbers

Please Enter All Other Provider Identifers (UPIN, Medicare, Medicaid, and Others):

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.

[Add Identifier]

Type	Identification Number	State	Description	

[< Previous]   [Next >]

NPI Application Form – Add Other Identification Numbers

Type	Identification Number	State	Description
UPIN	0123456A	MD	

[Save]   [Save & Add Another]   [Cancel]

NPI Application Form – Other Identification Numbers

Please Enter All Other Provider Identifers (UPIN, Medicare, Medicaid, and Others):

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.

[Add Identifier]

Type	Identification Number	State	Description	
UPIN	0123456A	MD		[Delete]

[< Previous]   [Next >]

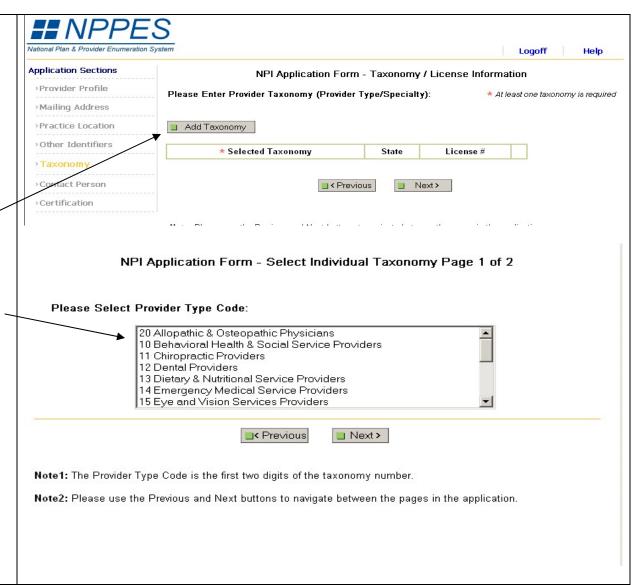Created by cmiles on 6/1/2006 8:40 AM
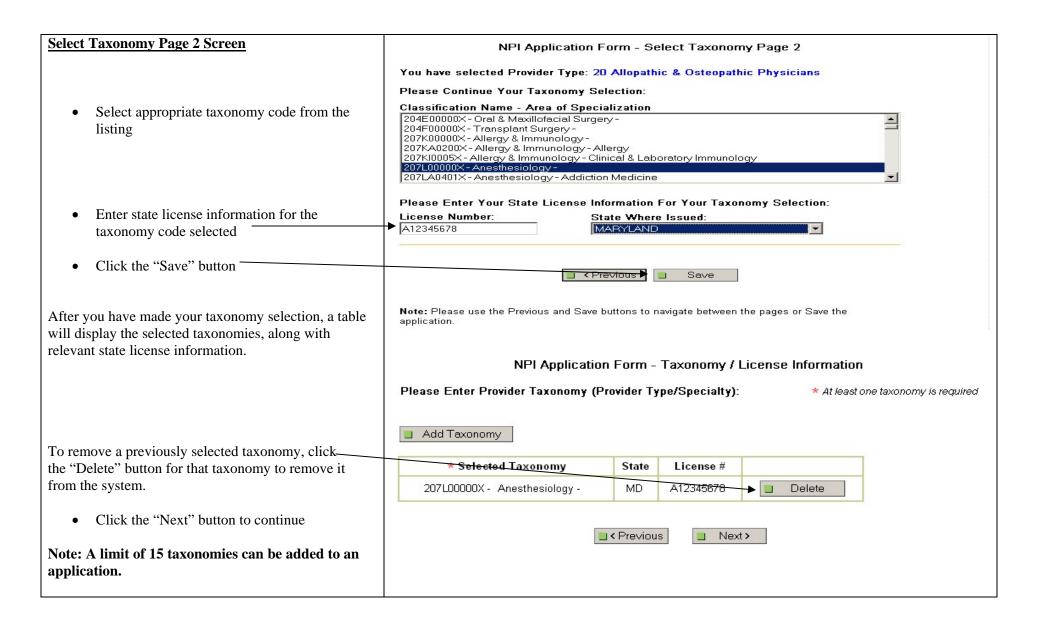
Taxonomy/License Page Screen

Individual providers and organizations that render health care services are required to indicate their taxonomy (codes designating the provider type, classification and specialization).
Taxonomy selection is done in two steps – first at a high level (provider type) and second is at the detail level (area of specialization).

A taxonomy code is required for all provider/specialty codes in which your provider bill under.

- Click the "Add Taxonomy" button

- Select a Provider Type Code from the listing, click the "Next" button

NPPES
National Plan & Provider Enumeration System

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NPI Application Form - Taxonomy / License Information

Application Sections
- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person
- Certification

Please Enter Provider Taxonomy (Provider Type/Specialty):   * At least one taxonomy is required

[Add Taxonomy]

* Selected Taxonomy	State	License #	

[< Previous]   [Next >]

NPI Application Form – Select Individual Taxonomy Page 1 of 2

Please Select Provider Type Code:

```
20 Allopathic & Osteopathic Physicians
10 Behavioral Health & Social Service Providers
11 Chiropractic Providers
12 Dental Providers
13 Dietary & Nutritional Service Providers
14 Emergency Medical Service Providers
15 Eye and Vision Services Providers
```

[< Previous]   [Next >]

Note1: The Provider Type Code is the first two digits of the taxonomy number.

Note2: Please use the Previous and Next buttons to navigate between the pages in the application.

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Select Taxonomy Page 2 Screen	NPI Application Form – Select Taxonomy Page 2
	You have selected Provider Type: **20 Allopathic & Osteopathic Physicians**
	Please Continue Your Taxonomy Selection:
• Select appropriate taxonomy code from the listing	**Classification Name - Area of Specialization** 204E00000X - Oral & Maxillofacial Surgery - 204F00000X - Transplant Surgery - 207K00000X - Allergy & Immunology - 207KA0200X - Allergy & Immunology - Allergy 207KI0005X - Allergy & Immunology - Clinical & Laboratory Immunology 207L00000X - Anesthesiology - 207LA0401X - Anesthesiology - Addiction Medicine
	Please Enter Your State License Information For Your Taxonomy Selection:
• Enter state license information for the taxonomy code selected	**License Number:** **State Where Issued:** A12345678 MARYLAND
• Click the "Save" button	◄ Previous Save
	Note: Please use the Previous and Save buttons to navigate between the pages or Save the application.
After you have made your taxonomy selection, a table will display the selected taxonomies, along with relevant state license information.	NPI Application Form – Taxonomy / License Information **Please Enter Provider Taxonomy (Provider Type/Specialty):** ** At least one taxonomy is required*
	Add Taxonomy
To remove a previously selected taxonomy, click the "Delete" button for that taxonomy to remove it from the system.		* Selected Taxonomy	State	License #	
---	---	---	---
207L00000X - Anesthesiology -	MD	A12345678	Delete	
• Click the "Next" button to continue	◄ Previous Next ►
Note: A limit of 15 taxonomies can be added to an application.	

Contact Person Page Screen

The contact person is the person who will be contacted if any questions regarding the NPI application or changes in the NPS data. This is the person who will be notified of your NPI assignment via email at the email address that you provide on this page.

*Indicates Required Fields

*Contact information – name, phone number and email address of credentialing liaison.

NPI Application Form - Contact Person Information

Indicates Required Field

Contact Person Name:

If you would like to use the Provider as the contact person, click here [Same As Provider]

If you would like to designate an alternate contact person, please fill out the following:

Prefix:	* First:	Middle:	* Last:	Suffix:
[▼]	CREDENTIALING	[ ]	LIAISON	[▼]

Credential(s): [ ]   Title: [ ]

Please Complete The Following Additional Information For The Contact Person:

* Contact Person Phone Number: Extension:
(Without Dashes)
4105285710   [ ]

* Contact Person Email: * Retype Contact Person Email:
CLIAISON@UPI.MD.EDU   CLIAISON@UPI.MD.EDU

[‹ Previous]   [Next ›]

Certification Page Screen

Before your application or change request is accepted, you will be required to read the certification statement and check the box to indicate that you accept the terms of the application.

- Click the "Submit" button

The next page will be the processing page which contains your tracking number.

Be sure to print this page for your records as the tracking number will be required for all correspondence thereafter.

NPI Application Form - Certification Statement

☐ **Check this box to indicate that you certify to the following:**

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 **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.

☐ < Previous   ☐ Submit

NPI Application Help Screen

The expected response time from Web NPI applications will be between 24 hours and 5 days, assuming there were no issues with the information submitted.

If the contact person does not receive the provider's NPI via email within 5 working days, please contact the NPI Enumerator at 1-800-465-3203.

NPPES

National Plan & Provider Enumeration System

National Plan & Provider Enumeration System

NPI Application Help

Topics:

Select User ID and Password Page	Add Other Identifiers Page	Login Page
Select Entity Type Page	Taxonomy / License Page	Reset Password Page
Individual Profile Page	Select Taxonomy Page 1	Welcome Page / User Menu
Organization Profile Page	Select Taxonomy Page 2	Change Password Page
Mailing Address Page	Select Group Type Page	Change Processing Page
Address Standardization Page	Contact Person Page	Deactivate NPI Page
Practice Location Page	Certification Page	Create Login For Existing NPI Page
Other Identifiers Page	Processing Page	NPI Enumerator Contact Information

Certification Page

Before your application or change request is accepted, you will be required to read the certification statement and check the box to indicate that you accept the terms of the certification.

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To View or Update Your NPI Data
(pending completion of application process)

Log into the National Plan and Provider Enumeration
System (NPPES) website
https://nppes.cms.hhs.gov
- select the "National Provider Identifier(NPI)" from
  page 1
- select Login

NPPES
National Plan & Provider Enumeration System

Home

National Provider Identifier

For Health Care Providers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**.

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HIPAA Administrative Simplification Information

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Get Adobe Reader

This screen will display

Enter the NPI User ID and Password that you initially
created for the provider that you are updating.

After successfully logging in, the View/Modify
function allows the Self-Service User to navigate,
browse or update NPI System data. Requests for
reactivation or replacement, updates to SSN, ITIN and
DOB fields are not permitted via the Self-Service
interface.

NPPES
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Login to NPI

* *Indicates Required Field*

* **Enter NPI User ID:** [   ]
* **Enter NPI Password:** [   ]

[Login]

Please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free) if you have forgotten your UserID.

[Reset Forgotten Password]

WARNING: Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system, both authorized and unauthorized users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

To View or Update NPI Data
(After NPI has been received)

Log into the National Plan and Provider Enumeration
System (NPPES) website
https://nppes.cms.hhs.gov
- select the "National Provider Identifier(NPI)" from
  page 1
- select Create Login to View or Update your NPI
  Data

This screen will display

Enter the NPI number received for the provider that
you are updating and other pertinent information.

NPPES
National Plan & Provider Enumeration System

Home

National Provider Identifier

For Health Care Providers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**.

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NPI Application / Update Form - [PDF File]
Application Help
Privacy Information
Frequently Asked Questions
NPI Final Rule
Contact Information
HIPAA Administrative Simplification Information

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NPPES
National Plan & Provider Enumeration System

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Create Login for Existing NPI

○ **Create Login for Existing NPI (Individual)**

NPI	
Provider First Name	
Provider Last Name	
SSN/ITIN	
Provider Date of Birth (MM/DD/YYYY)	

OR:

○ **Create Login for Existing NPI (Organization)**

NPI	
Organization Name	
EIN	

Submit