



NPI Submission Form – Individual Practitioner

Provider Name: _____ 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 – IDENTIFYING INFORMATION

1. Prefix (e.g., Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., MD, DO)	
7. Date of Birth (mm/dd/yy)	8. State (U.S. only)		9. Country (if other than US)
10. Social Security Number (SSN)	11. IRS Individual Tax Identification No.	12. NPI #	

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 Number (Include Area Code & Extension)
8. Fax Number (Include Area Code)		9. Email

B. Other Provider Identification Numbers

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

C. 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.

1. Primary Provider Taxonomy Code or describe your specialty or provider type (e.g., psychologist, social worker)

2. License Number:	3. State where issued:
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4. Provider Taxonomy Code or describe your specialty or provider type (e.g., psychologist, social worker)

5. License Number:	6. State where issued:
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7. Provider Taxonomy Code or describe your specialty or provider type (e.g., psychologist, social worker)

8. License Number:	9. State where issued:
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SECTION 4 – INDIVIDUAL PRACTITIONER’S SIGNATURE

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