



## NPI Submission Form – Organizational Provider

Provider Number: \_\_\_\_\_

### SECTION 1 – BASIC INFORMATION

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

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Initial Submission  | 3. Deactivation of NPI No. _____   |
| 2. <input type="checkbox"/> Change of Information (See instructions)<br>NPI No. _____ | REASON (check one of the following)<br><input type="checkbox"/> Death <input type="checkbox"/> Business Dissolved <input type="checkbox"/> Other _____ |

### SECTION 2 – ORGANIZATIONS AND GROUPS

- |   |
|---|
| 1. Name (Legal Business Name)   |
| 2. Type of Other Name <input type="checkbox"/> Former Legal Business Name <input type="checkbox"/> D/B/A Name <input type="checkbox"/> 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](http://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: |
|--------------------|------------------------|



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)