

National Provider Identifier Submission Form

Current Practice Information

Payment Address

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone #: _____
 FAX #: _____

Name _____
 Street _____
 City _____ State _____ Zip _____

(Please Print Information)

Practice Name	Practice TIN *	Practice ID *	Practice NPI Number	Practice Primary Taxonomy Code
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Specialty * _____

Individual Practitioner Name(s)	Individual TIN *	Individual Provider ID *	Individual NPI Number	Individual Primary Taxonomy Code
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name: _____

Title: _____

Signature: _____

Date: _____

Phone Number: (): _____ - _____

FAX Number(): _____ - _____

Please return your completed submission form(s), along with copies of your practice and individual NPI confirmations by January 1, 2007

Via fax to 866-426-7671, or by mail to: Attention: NPI LOB 100, Keystone Mercy Health Plan, 200 Stevens Drive, Philadelphia, PA 19113

*Terms - Specialty = Primary Specialty, TIN = Tax ID, ID = Provider ID