

NPI (National Provider Identifier)

- **ALL Clinical/Licensed Staff are required to have NPI #.**

This includes: LCSW, LMSW, LPC, LAPC, LMFT, LAMFT, RN, LPN, APRN, MD

- Clinical/Licensed Staff who do not have NPI # will **NOT** have access to the VPH electronic health record system in order to complete daily tasks, forms, progress notes, etc.
- If you already have NPI#, do not request another one. Please email the NPI # along with your full name to: makini.corlette@vphealth.org
- The online NPI application process takes about 20 minutes to complete. Use this packet for tips to complete the application.
- For NPI application, **GO TO WEBSITE:**
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Select **INDIVIDUAL**, not organization when selecting the application on the website.
- **IMPORTANT:** At the end of the application, **please add my name and email as the alternate contact person so your NPI # will be directly sent to my email.** This will help expedite the process of adding your credentials to access VPH electronic health record system. Otherwise, it may take up to 2 weeks to receive your NPI#.

If you need further assistance, please email or call:

Makini Corlette

Quality Assurance Department

678-209-2394 makini.corlette@vphealth.org



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 and 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.

The website works best in Internet Explorer versions 6.0 and higher and Firefox versions 2.0 and higher. Users may experience issues with other browsers and are recommended to use the browsers listed above. It is recommended that browser windows be opened using the icon on the desktop to avoid shared browser sessions. Some browsers share sessions regardless of how the browser is opened. Please check with the browser's vendor about session management. When NPPES detects multiple browsers open within the same session, NPPES will terminate the session to protect the data in NPPES. Data entered will be lost and will need to be re-entered.



If you are a Health Care Provider, you must click on National Provider Identifier (NPI) to login or apply for an NPI.

A standard identifier has not yet been adopted for health plans.

Search the NPI Registry. The NPI Registry enables you to search for a provider's NPPES information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination Notice. Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business Name. There is no charge to use the NPI Registry.

About NPPES....

CMS has contracted with Cognosante, LLC. to serve as the NPI Enumerator.

The NPI Enumerator is responsible for assisting health care providers in applying for their NPIs and updating their information in NPPES.

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



Centers for Medicare & Medicaid Services



Department of Health and Human Services



National Plan & Provider Enumeration System

Home Help

NPI Application Instructions

Note: Use of **Back** and **Forward** browser buttons could result in loss of all the information entered. Users should use the Next and Previous buttons provided on the application to navigate between the pages of the application.

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) ²
 - 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) ⁴
 - State License Information ¹
 - Contact Person Name
 - Contact Person Phone Number and E-mail
- **Information Required for Organizations**
 - Organization Name
 - Employer Identification Number (EIN) ³
 - Name of Authorized Official for the Organization
 - Phone Number of Authorized Official for the Organization
 - Organization Mailing Address
 - Practice Location Address and Phone Number
 - Taxonomy (Provider Type) ⁴
 - Contact Person Name
 - Contact Person Phone Number and E-mail

¹ (required for certain taxonomies only)

² (SSN or ITIN information should only be reported in the SSN or ITIN field)

³ Do not report an SSN or IRS ITIN in the EIN field

⁴ Provider Taxonomy codes can be obtained from <http://www.wpc-edi.com/codes/taxonomy>

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:

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

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 any information in 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 data listed on this 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.

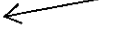
I have read and understand the Privacy Act Statement.

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 on the NPI Application / Update Form:

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 specifically authorized by the sentencing statute.

CLICK HERE



Begin Application Form

Step 3: Begin online application.



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)**.

CLICK HERE

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 Web login for an existing NPI? ----> [Create Login to View or Update your NPI Data](#)

(This option is only for health care providers previously enumerated via paper or EFI)

Additional Resources:

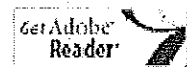
- [NPI Application / Update Form - \[PDF File\]](#)
- [Application Help](#)
- [Privacy Information](#)
- [Frequently Asked Questions](#)
- [NPI Final Rule - \[PDF File\]](#)
- [Contact Information](#)

Notes:

The website works best in Internet Explorer versions 6.0 and higher and Firefox versions 2.0 and higher. Users may experience issues with other browsers and are recommended to use the browsers listed above. It is recommended that browser windows be opened using the icon on the desktop to avoid shared browser sessions. Some browsers share sessions regardless of how the browser is opened. Please check with the browser's vendor about session management. When NPPES detects multiple browsers open within the same session, NPPES will terminate the session to protect the data in NPPES. Data entered will be lost and will need to be re-entered.

[CMS NPI Page](#)

To view PDF files, you must have Adobe Acrobat Reader. If you do not already have Acrobat Reader installed, please [Download Acrobat Reader now.](#)



NPI Application Form - Create NPI User ID and Password

* Indicates Required Field

Please create a User ID and password for future access to NPI:

* NPI User ID:

Note: Personal information, such as a Social Security Number, should not be used as the User ID. The User ID can contain a maximum of four digits. Please note: The User ID cannot be changed.

* NPI Password:

Be sure to write down your User ID and Password for future use!

* Retype NPI Password:

Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

* Select Secret Question 1:

* Answer 1:

* Select Secret Question 2:

* Answer 2:

* Select Secret Question 3:

* Answer 3:

* Select Secret Question 4:

* Answer 4:

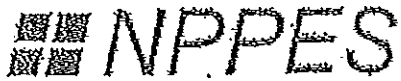
* Select Secret Question 5:

* Answer 5:

Next >

Note:

1. User IDs cannot be changed. Once you have successfully chosen a User ID and secret question/answer combinations and submitted the record, the User ID and secret question/answer combinations will remain tied to your record.
2. Please use the Next button to navigate to the next page in the application.



National Plan & Provider Enumeration System

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NPI Application Form - Select Entity Type

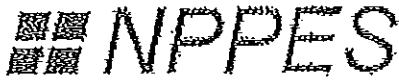
Please select the radio button which most applies to you or your organization:

- 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)

✓

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

Always select INDIVIDUAL !!!



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Application Sections

NPI Application Form - Provider Profile

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

Provider Name Information:

Prefix:	* First:	Middle:	* Last:
Mr.	Joe	Thisisa	Sample

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

Other Name: (If applicable)

Prefix:	First:	Middle:	Last:

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

Type of Other Name:

Other Identifying Information:

* Date of Birth: (MM/DD/YYYY)	* Social Security Number: (Without Dashes)
01/01/1960	255318712

State of Birth: (* If U.S.)

GEORGIA

* Country of Birth:

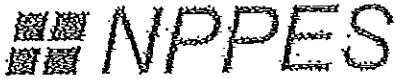
United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No



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



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Help

Application Sections

NPI Application Form - Mailing Address

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

Domestic Mailing Address Information

* Address Line 1: (Street Number and Name)

123 Put Your Home Address Here

Address Line 2: (e.g. Suite Number)

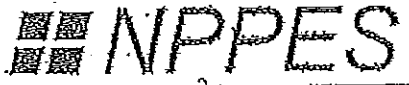
* City: ^{Home} Lawrenceville * State: ^{Home} GA * Zip + 4: ^{Home} 30046 - 0687 Country: United States

Phone Number: ^{Home} Extension: Fax Number: ^{Home (if applicable)}
 (Without Dashes) (Without Dashes)

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



National Plan & Provider Enumeration System

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Application Sections

NPI Application Form - Mailing Address Stand

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

In order to ensure the optimum performance of the National Provider System, we example, we change "Avenue" to "Ave." This makes it easier to find your informa ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:

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.

* Address Line 1: (Street Number and Name)

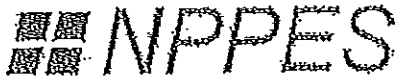
Address Line 2: (e.g. Suite Number)

* City, State, Zip:



Accept Standardized Address

Use Input Address



National Plan & Provider Enumeration System

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Application Sections

NPI Application Form - Practice Location

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 to

Domestic Practice Location Information

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)

175 Gwinnett Dr

Address Line 2: (e.g. Suite Number)

* City:

Lawrenceville

* State:

GA

* Zip + 4

30046

Country:

United States

* Phone Number:
(Without Dashes)

6782092394

Extension:

* Fax Number:
(Without Dashes)

6782126343

All VP Health service providers use this address

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



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Application Sections

NPI Application Form - Practice Address Stand

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

In order to ensure the optimum performance of the National Provider System, we example, we change "Avenue" to "Ave." This makes it easier to find your informa ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:

175 Gwinnett Dr
Lawrenceville GA 30046 8444

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.

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g. Suite Number)

* City, State, Zip:



National Plan & Provider Enumeration System

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Application Sections

NPI Application Form - Other Identification Numbers

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

Please Enter All Other Provider Identifiers (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
------	-----------------------	-------	-------------

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

If you are approved to bill Medicaid, Medicare, or other insurance "Add Identifier" (see next page). If not, click "Next" & move on.



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Application Sections

NPI Application Form - Add Other Identification Numbers

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

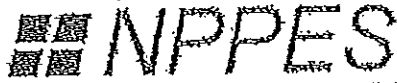
Contact Person

Certification

Type	Identification Number	State	Description

Note: Please use the Save and Cancel buttons to navigate between the pages in application.

Add Medicaid, Medicare or other provider # information & save



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 - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

* At least one taxonomy is required

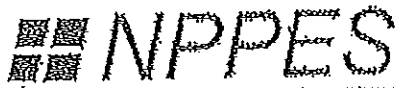
Add Taxonomy

*Selected Taxonomy	State	License #

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



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Application Sections

NPI Application Form - Select Individual Taxonomy Page 1 of 2

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

Please Select Provider Type Code:

- 20 Allopathic & Osteopathic Physicians
- 21 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

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Note 1: The Provider Type Code is the first two digits of the taxonomy number.

Note 2: Please use the Previous and Next buttons to navigate between the pages in the application.

Most mental health providers will fall under this category.



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Application Sections

NPI Application Form - Select Taxonomy Page 2

Provider Profile

You have selected Provider Type: 10 Behavioral Health & Social Service Provider

Mailing Address

Please Continue Your Taxonomy Selection:

Practice Location

Classification Name - Area of Specialization

Other Identifiers

- 101Y00000X - Counselor -
- 101YA0400X - Counselor - Addiction (Substance Use Disorder)
- 101YM0800X - Counselor - Mental Health
- 101YP1800X - Counselor - Pastoral
- 101YP2500X - Counselor - Professional
- 101YS0200X - Counselor - School
- 103G00000X - Neuropsychologist -

Taxonomy

Contact Person

Certification

Please Enter Your State License Information For Your Taxonomy Selection:

License Number:

State Where Issued:

If applicable →

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Save

Note: Please use the Previous and Save buttons to navigate between the pages & Save the application.



National Plan & Provider Enumeration System

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Application Sections

NPI Application Form - Select Taxonomy Page 2

Provider Profile

You have selected Provider Type: 10 Behavioral Health & Social Service Provider

Mailing Address

Please Continue Your Taxonomy Selection:

Practice Location

Classification Name - Area of Specialization

Other Identifiers

- 101Y0000X - Counselor -
- 101YA0400X - Counselor - Addiction (Substance Use Disorder)
- ~~101Y0000X - Counselor - Mental Health~~
- 101YP1800X - Counselor - Pastoral
- 101YP2500X - Counselor - Professional
- 101YS0200X - Counselor - School
- 103G00000X - Neuropsychologist -

Taxonomy

Contact Person

Certification

Please Enter Your State License Information For Your Taxonomy Selection:

License Number:

State Where Issued:



Note: Please use the Previous and Save buttons to navigate between the pages & Save the application.



National Plan & Provider Enumeration System

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Help

Application Sections

NPI Application Form - Taxonomy / License Information

Provider Profile

Please Enter Provider Taxonomy (Provider Type/Specialty):

* At least one taxonomy is required

Mailing Address

Practice Location

if another taxonomy is needed up to 10.

Other Identifiers

Taxonomy

*Selected Taxonomy	State	License #	
101YM0800X - Counselor - Mental Health			<input type="button" value="Delete"/>

Contact Person

Certification

otherwise

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



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 - Contact Person Informa

Contact Person Name:

If you would like to use the Provider as the contact person, click here

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

Prefix: * First: Middle: * Last:

Credential(s): Title:

Please Complete The Following Additional Information For The Contact Person:

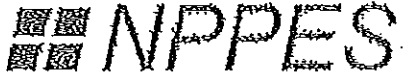
* Contact Person Phone Number: Extension:
(Without Dashes)

* Contact Person Email: * Retype Contact Person Email:
makini.corlette@vphealth.org makini.corlette@vphealth.org

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

Use This Information for Contact Person.

You can change it after we receive your NPI confirmation.



National Plan & Provider Enumeration System

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Application Sections

Provider Profile

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

click to mark box
↓

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

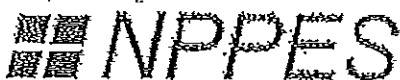
18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent 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.

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Submit



Note: Please use the Submit button to submit the application or the Previous button to navigate between pages in application.



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Thank you. Your application will be processed.

Application processing times may vary based on current inventories. If you have any questions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).

Your tracking number is: 0232007216129

Please provide this tracking number on all correspondence.

NPI Enumerator Contact Information

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

For your reference, please print this page by clicking the Print icon, located in your browser's toolbar.

You will then receive this. Print & keep
until we send you a copy of
your NPI #.