

### 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



Centers for Medicare & Medicaid Services



Department of Health and Human Services

### 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 Web login for an existing NPI?** ---->  
*(This option is only for health care providers previously enumerated via paper or EFI)*

[Create Login to View or Update your NPI Data](#)

#### Additional Resources:

- [NPI Application / Update Form](#)
- [Application Help](#)
- [Privacy Information](#)
- [Frequently Asked Questions](#)
- [NPI Final Rule - !\[\]\(b7492e63f13d80b3a46b0c4d159e17d8\_img.jpg\) \[PDF File\]](#)
- [Contact Information](#)
- [CMS NPI Page](#)

#### Notes:

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 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 Organization
- 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:

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 **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 / 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 greater than the amount specifically authorized by the sentencing statute.

**Step 3: Begin online application.**

### 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:

\* NPI Password:

**Note:** Password must be 6-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the user ID.

\* Retype NPI Password:

\* Select Secret Question:

\* Answer:

**Note:**

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

**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.

### 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.

Application Sections

> **Provider Profile**

> Mailing Address

> Practice Location

> Other Identifiers

> Taxonomy

> Contact Person

> Certification

NPI Application Form - Provider Profile

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:

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

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

Gender: Male Female

\* Is the Provider a Sole Proprietor? Yes No

Next >

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

Application Sections

**Provider Profile**

Mailing Address

Practice Location

Other Identifiers

Taxonomy

Contact Person

Certification

NPI Application - Organization Profile

Organization Name:

\* Indicates Required Field

\* Organization Name: (Legal Business Name) \* Employer Identification Number (EIN): (Without Dashes)

Other Organization Name: Type of Other Name:

\* Is the organization a subpart?: Yes No

Parent Legal Business Name (LBN) Parent Taxpayer Identification Number (TIN)

Authorized Official For The Organization:

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


Credential(s): (M.D., D.O., etc.) \* Title/Position:

\* Phone Number: Extension:

(Without Dashes)

Next >

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



[Logoff](#) | [Help](#)

---

**Application Sections**

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

### NPI Application Form - Mailing Address

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

**Domestic Mailing Address Information** \* Indicates Required Field


\* Address Line 1: *(Street Number and Name)*

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

\* City:  \* State:  \* Zip + 4:  -  Country:

Phone Number:  Extension:  Fax Number:   
(Without Dashes)

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



[Logoff](#) | [Help](#)

---

**Application Sections**

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

### NPI Application Form - Mailing Address

If your primary address is inside the U.S., click here:  Domestic Address

**Foreign Mailing Address Information** \* Indicates Required Field

\* Address Line 1: *(Street Number and Name)*

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

\* City:  \* Foreign Province or Territory:  \* Foreign Postal Code:  \* Country:

Phone Number:  Extension:  Fax Number:   
(Without Dashes)

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

**Application Sections**

> Provider Profile

> **Mailing Address**

> Practice Location

> Other Identifiers

> Taxonomy

> Contact Person

> Certification

**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:

3100 Lord Baltimore Dr  
Baltimore MD 21244 - 2879

**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)

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

\* **City, State, Zip:**    -

Accept Standardized Address

Use Input Address

Revalidate Address

Application Sections

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

NPI Application Form - Practice Location

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

**Domestic Practice Location Information** \* Indicates Required Field

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)

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

\* City:  \* State:  \* Zip + 4:  -  Country:  United States

\* Phone Number:  Extension:  Fax Number:   
(Without Dashes) (Without Dashes)

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

Application Sections

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

NPI Application Form - Practice Location

If your primary address is inside the U.S., click here:  Domestic Address

**Foreign Practice Location Information** \* Indicates Required Field

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


\* Address Line 1: (Street Number and Name)

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

\* City:  \* Foreign Province or Territory:  \* Foreign Postal Code:  \* Country:

\* Phone Number:  Extension:  Fax Number:

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



National Plan & Provider Enumeration System

[Logoff](#) | [Help](#)

---

**Application Sections**

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

### 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:**

3100 Lord Baltimore Dr  
 Baltimore MD 21244 - 2879

**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)*

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

\* **City, State, Zip:**    -

Accept Standardized Address
  Use Input Address
  Revalidate Address



National Plan & Provider Enumeration System

[Logoff](#) | [Help](#)

---

**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 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.

Type	Identification Number	State	Description	

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





National Plan & Provider Enumeration System

DRAFT

[Logoff](#) | [Help](#)

---


**Application Sections**

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

### NPI Application Form - Add Other Identification Numbers

Type	Identification Number	State	Description
▼		▼	

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



National Plan & Provider Enumeration System

DRAFT

[Main Menu](#) | [Logoff](#) | [Help](#)

---

**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):

*Primary Taxonomy	*Selected Taxonomy	State	License #	

*\* Indicates Required Field*



National Plan & Provider Enumeration System

[Logoff](#) | [Help](#)

---

**Application Sections**

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

### 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

**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.

**Application Sections**

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

**NPI Application Form - Select Individual Taxonomy Page 1 of 2**

**Please Select Provider Type Code:**

Individual Provider Type Code	OR	Organization 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		25 Agencies 26 Ambulatory Health Care Facilities 19 Group 27 Hospital Units 28 Hospitals 29 Laboratories 30 Managed Care Organizations

**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.

**Application Sections**

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

**NPI Application Form - Select Taxonomy Page 2**

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

**Please Continue Your Taxonomy Selection:**

**Classification Name - Area of Specialization**

101Y00000X - Counselor -  
**106H00000X - Marriage & Family Therapist -**  
 101YM0800X - Counselor - Mental Health  
 101YP1600X - Counselor - Pastoral  
 101YP2500X - Counselor - Professional  
 101YS0200X - Counselor - School  
 103G00000X - Neuropsychologist -

**Please Enter Your State License Information For Your Taxonomy Selection:**

<b>License Number:</b>	<b>State Where Issued:</b>
<input type="text"/>	<input type="text"/>

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

**Application Sections**

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

**NPI Application Form - Select Organization Taxonomy Page 1 of 2**

**Please Select Provider Type Code:**

25 Agencies
26 Ambulatory Health Care Facilities
19 Group
27 Hospital Units
28 Hospitals
29 Laboratories
30 Managed Care Organizations

**Note to group of individuals:** If you do not see your taxonomy, try selecting 'Group'. That will give you more options and allow you to choose from the list of individual taxonomies.

**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.

**Application Sections**

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

**NPI Application Form - Select Taxonomy Page 2**

**You have selected Provider Type: 25 Agencies**

**Please Continue Your Taxonomy Selection:**

**Classification Name - Area of Specialization**

251300000X - Local Education Agency (LEA) -
251S00000X - Community/Behavioral Health -
251T00000X - PACE Provider Organization -
251X00000X - Supports Brokerage -
251B00000X - Case Management -
251V00000X - Voluntary or Charitable -
251E00000X - Home Health -

**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 or Save the application.

Application Sections

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

NPI Application Form - Select Organization Group Practice Type Page

You have selected Provider Type: **Group**

Please Continue Your Taxonomy Selection:

Select Organization Group Practice Type

Multi-Specialty Group -  
Single Specialty Group -  
Multiple Single Specialty Group -

< Previous

Next >

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

Application Sections

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

NPI Application Form - Contact Person Information

Contact Person Name:

\* Indicates Required Field

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:

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:

< Previous

Next >

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

**Application Sections**

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

**NPI Application Form - Contact Person Information**

*\* Indicates Required Field*

**Contact Person Name:**

If you would like to use the Authorized Official as the contact person, click here  Same As Authorized Official

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

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

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:

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

**Application Sections**

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

**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.

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

**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: 12142006618446**

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.

## Tips to Expedite Your NPI Application

### Web Application Tips

- User IDs and secret question information cannot be changed. Once you have successfully chosen a User ID and secret question/answer combination and submitted the record, the User ID and secret question/answer combination will remain tied to your record and will not be changed.
- Use the application's navigation buttons, NEXT or PREVIOUS.
- Do NOT use the browser's buttons, BACK and FORWARD.
- If you have a problem with the system and cannot continue, wait 20 minutes before logging on again.
- Print each page as you complete the application to keep a record of your file.

### Paper and Web Application Tips

- Remember to select an entity type:
  - Entity type 1**, health care providers who are individuals, need to complete sections 2A, 3, 4A, and 5.
  - Entity type 2**, health care providers who are organizations or subparts, need to complete sections 2B, 3, 4B, and 5.
- An EIN must not be entered in the ITIN field on the application of a health care provider who is an individual.
- When you enter your Medicaid number in section 3.c., list the State that assigned the number.
- Post office boxes may not be entered as practice location addresses.

### Paper Application Tips

- Do not staple the application pages together.
- Remember to print legibly or type your application.
- Include an original signature of the health care provider and a telephone number on the application. Do not send a photocopy of the signature or an application with a stamped signature. The name in the signature must match the name of the provider.
- If you do not submit your social security number on a paper application, you must submit a photocopy of one of the following documents with your application: driver's license, State issued ID; identifying page of your passport, or a birth certificate.

### Selected Glossary

- An EIN is an Employer Identification Number assigned by the Internal Revenue Service (IRS). The EIN is furnished only on an NPI application from providers who are organizations, including groups and subparts.
- An SSN is a Social Security Number assigned by the Social Security Administration. The SSN is furnished only on an NPI application from providers who are individuals. An SSN is required on all web NPI applications and is optional on paper NPI applications.
- An ITIN is an Individual Taxpayer Identification Number assigned by the IRS to individuals who do not qualify for an SSN. The ITIN is furnished only on an NPI application from providers who are individuals.

[Go to previous page](#)

**Login to NPI**

\* Indicates Required Field

\* Enter NPI User ID:   
 \* Enter NPI Password:

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

**Note:** User IDs cannot be changed. Once you have successfully chosen a User ID and submitted the record, this User ID will remain tied to your record and will not be changed.

**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.

**NPI Application Form - Reset NPI Password**

\* Indicates Required Field

\* NPI User ID:   
 \* Select Secret Question:   
 \* Answer:   
 \* New NPI Password:  **Note:** Password must be 6-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the user ID.  
 \* Retype NPI Password:

**Note:**

1. User IDs and secret question information cannot be changed. Once you have successfully chosen a User ID and secret question/answer combination and submitted the record, the User ID and secret question/answer combination will remain tied to your record and will not be changed.
2. Please use the Reset and Cancel buttons to navigate between the pages.



### Create Login for Existing NPI

Create Login for Existing NPI (Individual)

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

OR:

Create Login for Existing NPI (Organization)

NPI   
Organization Name   
EIN

### NPI Application / Update Form

If you would like to obtain a National Provider Identifier (NPI) Application / Update Form (CMS-10114), please contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

[Go to previous page](#)



National Plan & Provider Enumeration System

## NPI Application Help

### Topics:

[Select User ID and Password Page](#)  
[Select Entity Type Page](#)  
[Individual Profile Page](#)  
[Organization Profile Page](#)  
[Mailing Address Page](#)  
[Address Standardization Page](#)  
[Practice Location Page](#)  
[Other Identifiers Page](#)

[Add Other Identifiers Page](#)  
[Taxonomy / License Page](#)  
[Select Taxonomy Page 1](#)  
[Select Taxonomy Page 2](#)  
[Select Group Type Page](#)  
[Contact Person Page](#)  
[Certification Page](#)  
[Processing Page](#)

[Login Page](#)  
[Reset Password Page](#)  
[Welcome Page / User Menu](#)  
[Change Password Page](#)  
[Change Processing Page](#)  
[Deactivate NPI Page](#)  
[Create Login For Existing NPI Page](#)  
[NPI Enumerator Contact Information](#)

### Select User ID and Password Page

This page is only accessible to providers when creating their NPI logon:

**Important Info:** User IDs and secret question information cannot be changed. Once you have successfully chosen a User ID and secret question/answer combination and submitted the record, the User ID and secret question/answer combination will remain tied to your record and will not be changed.

**User ID:** The User ID must be 6-12 characters and unique within the NPI System.

**Password:** This is the password associated with the User ID. The password must contain at least one number, one letter, no special characters, and cannot be the same as the User ID.

**Retype Password:** This is the confirmation of the password associated with the User ID. This field is used to ensure that the password is not mistyped.

**Select Secret Question:** This is the question that must be answered in the event that your password is forgotten.

**Answer:** This is the response to the secret question.

## NPI Privacy Information

- **NPI's Use of Cookies**

### What is a cookie?

A cookie is a small piece of information that is sent to your browser -- along with a Web page -- when you access a Web site. There are two kinds of cookies. A session cookie is a line of text that is stored temporarily in your computer's memory. Because a session cookie is never written to a drive, it is destroyed as soon as you close your browser. A persistent cookie is a more permanent line of text that gets saved by your browser to a file on your hard drive.

### NPPES use of cookies

NPPES uses session cookies only. We do not use any persistent cookies. You will need to have session cookies enabled to visit nppes.gov. On nppes.gov, session cookies are used to store system specific information about your application. If you do not have session cookies enabled, you will not be able to submit your application on-line. If you have session cookies enabled, this system specific information will be saved for the entire visit to the site. This information will not be saved between site visits.

- **Privacy Act Information**

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the NPI, to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected is entered into a system of records called the National Plan and Provider Enumeration System (NPPES), HHS/CMS/OIS No. 09-70-0008. Institutional providers' data are protected by section 1106 of the Social Security Act and the [Freedom of Information Act](#), while individually identifiable providers' data are protected by the [Privacy Act of 1974](#).

Failure to provide complete and accurate information will delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPPES for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
  - a. HHS, or any component thereof, or
  - b. Any HHS employee in his or her official capacity; or
  - c. Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
  - d. The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
6. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
7. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated information systems (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
8. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
9. Another Federal or State agency
  - a. As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
  - b. For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

[Back](#)



**You are leaving the NPPES Website**

Would you like to visit [http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std\\_alp.php?p\\_sid=YB3IQSYh](http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=YB3IQSYh) ? Following this link will take you out of the NPPES website.

If you agree, you can [leave the NPPES website now](#).

Otherwise, please close this new window to return to the previous page.

Note: This page contains an external link that is not the responsibility of, or under the control of, the National Plan and Provider Enumeration System (NPPES). NPPES does not endorse any products, services or web sites.



**You are leaving the NPPES Website**

Would you like to visit <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/pdf/04-1149.pdf> ? Following this link will take you out of the NPPES website.

If you agree, you can [leave the NPPES website now](#).

Otherwise, please close this new window to return to the previous page.

Note: This page contains an external link that is not the responsibility of, or under the control of, the National Plan and Provider Enumeration System (NPPES). NPPES does not endorse any products, services or web sites.



National Plan & Provider Enumeration System

## NPI Application Help

### Topics:

[Select User ID and Password Page](#)  
[Select Entity Type Page](#)  
[Individual Profile Page](#)  
[Organization Profile Page](#)  
[Mailing Address Page](#)  
[Address Standardization Page](#)  
[Practice Location Page](#)  
[Other Identifiers Page](#)

[Add Other Identifiers Page](#)  
[Taxonomy / License Page](#)  
[Select Taxonomy Page 1](#)  
[Select Taxonomy Page 2](#)  
[Select Group Type Page](#)  
[Contact Person Page](#)  
[Certification Page](#)  
[Processing Page](#)

[Login Page](#)  
[Reset Password Page](#)  
[Welcome Page / User Menu](#)  
[Change Password Page](#)  
[Change Processing Page](#)  
[Deactivate NPI Page](#)  
[Create Login For Existing NPI Page](#)  
[NPI Enumerator Contact Information](#)

### NPI Enumerator Contact Information

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. Enumerator staff will be available to assist health care providers with questions regarding the processing of an NPI application. Please note that Enumerator staff will not be able to assist with questions such as which of your subparts should receive NPIs or where NPIs are to be placed in claims transactions.

Questions related to other aspects of the NPI legislation and regulation or other HIPAA-related matters, should be referred to the CMS HIPAA Hotline at 1-866-282-0659.

Questions regarding the use of the NPI in health plan billing should be directed to the individual health plans.

The NPI Enumerator may be contacted as follows:

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



National Plan & Provider Enumeration System

## You are leaving the NPPES Website

Would you like to visit <http://www.cms.hhs.gov/nationalproviderstand/> ? Following this link will take you out of the NPPES website.

If you agree, you can [leave the NPPES website now](#).

Otherwise, please close this new window to return to the previous page.

Note: This page contains an external link that is not the responsibility of, or under the control of, the National Plan and Provider Enumeration System (NPPES). NPPES does not endorse any products, services or web sites.