

Revisions to Form CMS-10114 NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Issue #	Page #	Section	Action to be performed	Changes to the Application	Reason for the Change
1.	All	Each Page	Add the draft watermark and remove the form number/date from each page	Add the draft watermark and removing the form number/date from each page	Revising the application; therefore, this date will change.
2.	1	Section 1A under Change of Information:	Revise as follows:	<p>Replace: <i>remove</i> With: <i>'Remove'</i></p> <p>Only complete the appropriate sections with the information that is changing. If removing information, please indicate within the appropriate field(s) by writing <i>'Remove'</i>.</p>	Revised for clarification purposes. 'Major' is not applicable.
3.	1	Section 2B3	Revise as follows:	<p>Replace: <i>(if applicable)</i> With: <i>(if applicable see instructions)</i></p>	Revised for clarification purposes.
4.	1	Section 2B4	Revise as follows:	Add: <input type="checkbox"/> Subpart (See Instructions)	Revised for clarification purposes. Subparts that do not have their own EINs should use the Other Name Section to report the subpart's name.
5.	3	Section 5A7	Revise as follows:	<p>Remove the asterisk from the Title/Position Replace: <i>Title/Position*</i> With: <i>Title/Position</i></p>	
6.	3	Bottom of page	Revise as follows:	<p>Replace: <i>PRA disclosure Statement</i> With:</p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA</p>	

				<p>Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the NPI Enumerator at 1-800-465-3203.</p>	
7.	6	Top of page under Section 2B1-2	Revise as follows:	<p><i>Add the following note under Section 2B1-2:</i></p> <p>Please Note: If you are applying for an NPI for a subpart and the subpart does not have its own EIN, please submit the LBN and EIN for the parent organization in Sections 2B1 and 2B2 and submit the subpart name in 2B3. If the subpart has its own LBN and EIN (separate from the parent's LBN and EIN), then the subpart should submit the subpart's LBN and EIN in Section 2B1 and 2B2. In both cases, the subpart should check 'Yes' to the subpart question in Section 1B2.</p>	