ALABAMA MEDICAID

National Provider ID (NPI) Notification Form for Individual Providers

Continuation of Performing ProviderNumbers

In the spaces below, provide service locations of provider named in Block 1. Addresses provided must be that of the physical site of practice. Home, P. O. Box and/or Lock Box addresses are not acceptable. Provide the Alabama Medicaid Performing Provider number as well as associated Group/ Payee number and Tax Identification Number per service location entered. If reporting the Organizational NPI for a Group/Payee number leave the performing number field blank. Provide information for currently active Alabama Medicaid provider numbers.

7. Physical Address			
Medicaid Performing Provider Number:			Group/Payee Nmber:
Tax Identification Number:			
Street Address:			
Room/Suite:			
City:	State:	Zip Code:	

8. Physical Address			
Medicaid Performing Provider Number:			Group/Payee Nmber:
Tax Identification Number:			
Street Address:			
Room/Suite:			
City:	State:	Zip Code:	

9. Physical Address			
Medicaid Performing Provider Number:			Group/Payee Nmber:
Tax Identification Number:			
Street Address:			
Room/Suite:			
City:	State:	Zip Code:	

Print Form