ALABAMA MEDICAID

National Provider ID (NPI) Notification Form for Individual Providers

EDS is ready to begin adding NPI and taxonomy codes to the provider master file database. You will need to continue submitting claims with the provider numbers issued by Alabama Medicaid until Medicaid's new claims processing system is implemented. EDS will begin using NPIs for claims processing on May 23, 2007.

The NPI Notification form found on pages 2-3 of this document will need to be completed and submitted to EDS along with a copy of the **NPI Notification letter** received from the enumerator.

Refer to the Alabama Medicaid Agency NPI Alert for more information on the purpose of NPI and the instructions on how to apply for a NPI number.

Instructions for Completing the Individual Provider NPI Notification Form

Individual healthcare providers will receive one NPI. This NPI will need to be linked to each active Medicaid Provider number for this individual. This form will be used to associate your assigned NPI to your current Medicaid Provider Number(s). If you have more than 4 individual provider numbers you will need to complete additional forms. Only one (1) NPI number is allowed per form and all provider numbers included on the form will be linked with the NPI number indicated.

Provider Groups may receive an organizational NPI. This NPI number will need to be linked to the Medicaid Group/Payee number. Medicaid recommends each provider within the group also obtain an individual NPI, as allowed.

A copy of the **NPI Notification letter** received from the enumerator is required at this time.

1	Enter the full name of Provider for which this form is being completed. If reporting the NPI for a group/payee enter the group/payee name.
2	If form is being completed for an individual provider, enter the 9-digit (numeric) Social Security Number for the individual provider.
3	Enter the 10-digit (numeric) National Provider Identification (NPI) number assigned to provider named in Block 1.
4	Enter any assigned Taxonomy Codes (up to 5) associated with the NPI number listed in Block 3.
5 to 8	Enter Medicaid Performing Provider Number. Enter Medicaid Group Number for this provider number. If reporting the Organizational NPI for a group/payee number do not enter a Performing Provider number. Enter physical address which is the physical site of practice for the Performing Provider number. Enter tax ID which is associated to the Provider number entered.
9	Enter the contact name of the individual completing the form. Provide first and last name.
10	Enter the 10-digit contact phone number of the individual completing the form.

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Section 1-*In the appropriate space below enter full provider name (if completing form for individual provider) or business name (if completing form for group/payee). If completing form for individual provider also provide SSN of that individual in appropriate space below.*

1a. Provider Last Name:		1b. Provider First Name:	
1c. Provider Middle Initial:		2. Social Security Number:	

In appropriate spaces below provide the National Provider Identifier (NPI) as well as any Taxonomy Codes assigned to provider named in Block 1.

3. NPI 10-Digit Number:					
4. Taxonomy Codes:					

Section 2-*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.*

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

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

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:	

Note: Refer to the Continuation of the NPI Notification Form for Individual Providers if additional space is needed to document provider numbers for the provider entered in block 1.

In spaces below, indicate the first and last name and telephone number of the person completing this form.

9. Contact Person:	
10. Contact Number:	

I certify that, to the best of my knowledge, the information supplied in this request is accurate, complete and is hereby released to EDS for the purpose of updating Alabama Medicaid Provider number assigned to the named provider.

Signature:		Title of Person Signing form:	
Print Name of Person Signing Form:		Signature Date:	

(Signature must be hand written and must be the signature of provider or of personnel authorized to make changes for the named provider. ***Black ink is required.****)*

Mailing Instructions

Print a copy of the completed form (pages 2 & 3) and attach a copy of the NPI Notification letter received from the enumerator. Mail or fax them to the Provider Enrollment team.

Mailing Address:

Provider Enrollment

P O Box 241685

Montgomery, AL 36124

Facsimile Number:

334-215-4298

If you have questions regarding how to fill out the NPI Notification form contact your Provider Representative at 1-800-688-7989 (if you are in the state ofAlabama) or (334) 215-0111 (if you are outside the state of Alabama).

Do not complete. For EDS use only.

FOR EDS USE ONLY

Validated:		Date:	
Scanned:		Date:	
Keyed:		Date:	
QC:		Date:	

Print Form