

National Provider Identifier Submission Form

Current Practice Information

Name _____ Street _____

 City _____ State _____ Zip _____
 Phone #: _____
 FAX #: _____

Payment Address

Name _____ Street _____

 City _____ State _____ Zip _____

(Please Print Information)

Practice Name	Practice TIN *	Practice ID *	Practice NPI Number	Practice Primary Taxonomy Code
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Specialty * _____

Individual Practitioner Name(s)	Individual TIN *	Individual Provider ID *	Individual NPI Number	Individual Primary Taxonomy Code
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Name: _____
 Signature: _____
 Phone Number: (): _____ - _____

Title: _____
 Date: _____
 FAX Number(): _____ - _____

Please return your completed submission form(s) along with copies of your practice and individual NPI confirmations by January 1, 2007

Via fax to 866-205-0561, or by mail to: Attention: NPI LOB 500, AmeriHealth Caritas Pennsylvania, 200 Stevens Drive, Philadelphia, PA 19113

*Terms - Specialty = Primary Specialty, TIN = Tax ID, ID = Keystone Mercy ID