

## NATIONAL PROVIDER IDENTIFIER

### INTRODUCTION

The National Provider Identifier (NPI) is a 10-digit, government issued, provider number that will be used to simplify electronic transmission of Health Insurance Portability and Accountability Act (HIPAA) standard transactions, standardize unique health identifiers for health care providers, health plans, and employers and provide more efficient coordination of benefits transactions.

All health care providers who are HIPAA covered entities, whether they are individuals or organizations, are required to obtain an NPI to identify themselves in HIPAA standard transactions. All other providers are encouraged to obtain an NPI.

In addition to including the NPI in standard electronic transactions, health care providers will be required to use the NPI on Medicaid and Medicare paper claim forms and all paper claim forms submitted in the states of Minnesota and Arizona. **The compliance date for use of NPI is May 23, 2007.**

### HOW CAN DENTISTS APPLY FOR AN NPI?

Applying for an NPI is free and is estimated to take about 20 minutes when submitting an application online. You may apply for your NPI immediately on the National Plan and Provider Enumeration System (NPPES) web site or you may request a paper application by telephone or by mail.

- ❖ To apply via the web, visit [nppes.cms.hhs.gov/NPPES/Welcome.do](http://nppes.cms.hhs.gov/NPPES/Welcome.do).
- ❖ To request a paper application, contact customer service at [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com) or 1-800-465-3203.
- ❖ To contact NPPES by mail, write to:  
NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059
- ❖ If you have United Healthcare Dental specific questions, you can call Customer Service at 1-800-822-5353.

### WHEN SHOULD DENTISTS REPORT NPI'S TO UNITEDHEALTHCARE DENTAL?

Dental Benefit Providers is currently gathering NPI information for all providers that have received an NPI. As soon as possible after you receive your NPI, please use the enclosed ***NPI Facility Data Collection Form*** to notify us. Please return the completed form to:

Dental Benefit Providers  
800 King Farm Blvd. Suite 600  
ATTN: Professional Network Administration  
Rockville, MD 20850

Your NPI will become part of DBP's permanent provider file and will be used in all health care transactions.

**For more information about the National Provider Identifier, visit the Centers for Medicare and Medicaid Services at [www.nppes.cms.hhs.gov](http://www.nppes.cms.hhs.gov).**

# NPI Facility Data Collection Form

Please use this form to submit or update your NPI information.  
ALL pertinent information must be completed as we will be unable to process  
incomplete forms. Please mail the completed form to:

Dental Benefit Providers  
800 King Farm Blvd. Suite 600  
ATTN: Professional Network Administration  
Rockville, MD 20850

## Organizational NPI:

Provider Group Name: \_\_\_\_\_ Current Tax ID#: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_\_\_

Basis for NPI (applies to organizations only, circle or highlight only 1):

- Organization's Name
- Tax ID only (entity whose name is in the W-9 form)
- License Number
- Place of Service Address

## Individual NPI:

Practitioner's Name: \_\_\_\_\_ Current Tax ID#: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_\_\_

**In the grid below, please enter additional Individual Practitioner's names and NPI:**

NPI Number	Practitioner's Name	NPI Issue Date	Tax ID #

Name of individual completing this form: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_