

NATIONAL PROVIDER IDENTIFIER (NPI) PROFILE

If you have not yet obtained your Type 1 and/or Type 2 NPI numbers, they are available at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

Full Name: please print

_____ *(First)*

_____ *(Middle)*

_____ *(Last)*

License Number:

_____ *(License)*

Type 1 NPI number:

Individual NPI #: this identifies you as a provider and is tied to your Social Security Number. HIPAA regulations require you, as a licensed provider, to have one.

Tax Identification Number:

_____ *TIN (EIN or SSN)*

Service Office address:

Type 2 NPI number:

Organizational NPI #: this identifies your business and is tied to your Tax Identification number. If you file taxes under an EIN, or your business is *incorporated*, HIPAA regulations require you to have a Type 2 **in addition** to your Type 1 NPI.

Provider Signature: _____ **Date:** _____