

Please note: NPI Enumerator site has recently changed. Now in order to apply for a Type 1- individual NPI number, you must first obtain an Identity & Access (I&A) User ID. You may obtain this User ID by accessing the NPI site, and completing steps 1-4 below:

1. Select the **Create a Login link on the Individual Provider side of the National Plan and Provider Enumeration System (NPPES) Home page.**

Note: You will be redirected to the I&A website.

2. Follow the steps to complete your I&A Registration.

3. Once you have successfully obtained an I&A User ID, you may return to the NPPES Home page and log into the NPPES website with your newly created I&A User ID.

4. Select the **Submit a New NPI Application** to begin the NPI application process.

5. Continue to **Completing the Online Application.**

See below for detailed instructions:

New hire website Step 2:



This will bring you to the NPI information page:

NPPES

Plan & Provider Enumeration System

[Help](#)

National Provider Identifier

Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandate unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and accuracy of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers.

How to apply for an NPI

Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

Healthcare Provider Organizations:

Healthcare Organizations are currently required to create a unique NPI for each organization. Each organization must use a unique username and password for each NPI associated organization.

Make sure to scroll down the page to the log in section:

Please note it states if you haven't ever applied for an NPI, you have to create a log-in first. Please make sure to click on the [Create a Log-In](#) link.

DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPPES

Manage or Apply for your personal NPI Record

An NPI assigned to you, an Individual who renders health care services.

User ID:

Password:



Forgot [User ID](#) or [Password](#)?

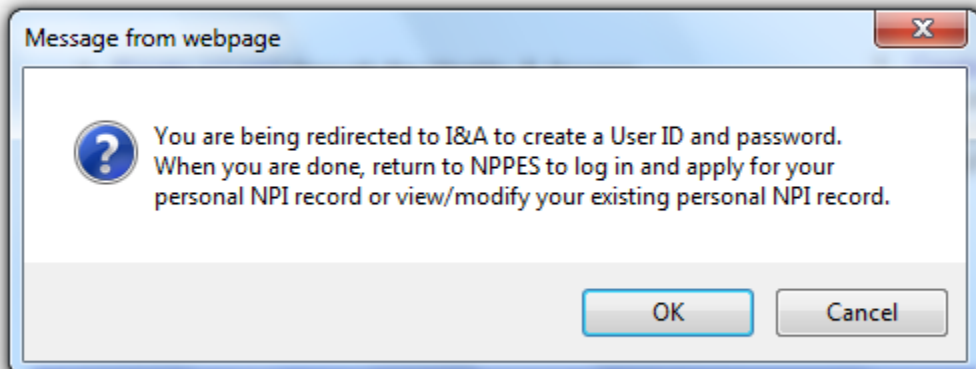
New Individual Provider in need of an NPI or have never accessed NPPES to view/update your NPI record? [Create a Login.](#)

Manage your Individual Provider [Login Account Information.](#)

A box will pop up on your screen that says:
click **OK**

will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

Username and password organization.



*an NPPES
you are applyi
complete the NPI
PI application*

**DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPPES before, your e
changed.**

You will be redirected to this site: Review the terms and conditions and Click on **ACCEPT**.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [? Help](#)

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.


To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

To continue, you must accept the terms and conditions. If you c

You will then be asked to generate Log – in Information: Please fill this out, and [Click Submit](#)

User Registration

* indicates required field(s)

 Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

* **E-mail Address:**

* **Confirm E-mail Address:**



[Listen to audio](#)

* **Enter the text from the image above:**

Submit 

| [Cancel](#)

You will then be asked to generate a user name and password. And answer 5 security questions. After you complete click [continue](#)

*** User ID:**

*** Password:**

*** Confirm Password:**

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four digits, nor spaces or special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter and one number.
- May not contain any special characters nor be the same as the User ID.

Please select five different security questions and enter their answers below:

*** Question 1:**

What is your father's middle name?

*** Answer 1:**

*** Question 2:**

What is your mother's maiden name?

*** Answer 2:**

*** Question 3:**

What is your SSN issue state?

*** Answer 3:**

*** Question 4:**

What size shoe do you wear?

*** Answer 4:**

*** Question 5:**

What is your county of residence?

*** Answer 5:**

Continue

Cancel

You will then be asked to fill in **personal information**:



Please provide the details below. They will be used to verify your identity.

[← Back to P](#)

* indicates required field(s)

* First Name:

Middle Name:

* Last Name:

Suffix:

* Business Phone Number:

Fax Number:

* Personal Phone Number:

* Home Address Line 1:

Home Address Line 2:

* City:

* Country:

* State / Province / Territory:

After you fill in your personal information and submit it, the screen below will pop up.

Select your address ✕

⚠ Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to ensure accurate contact information is record. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect you may select to use the address you entered. If you need to modify your information select Cancel to return to the User Information entry Page.

Use Standardized Address:
4802 10th Ave
Brooklyn, NY 11219-2916
United States

Use The Address I Entered:
4802 10th avenue
Brooklyn, NY 11219
United States

[Continue](#)

Choose the appropriate information and click [continue](#).

You have completed the user name portion of the application. Please click on the [continue to homepage](#) option on the bottom of the page.

Identity & Access Management System

 Help

User Registration - User Information

 Step 1 
User Security

 Step 2 
User Info

 Final
Complete

 Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you will need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

[Continue To Homepage](#) 

When you return to the home page, click on [register for an NPI](#) under the Individual provider section of the form.

CMS Centers for Medicare & Medicaid Services

Logged in as Singh642 Sign Out

Identity & Access Management System

Help

Home My Profile My Connections

Home

Welcome to the Identity and Access Management System!

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Are you responsible for an Organization?

If you are the Authorized or Delegated Official for a Healthcare Organization (or a 3rd Party Company, such as a billing or credentialing management company that does not provide health care services, but works on behalf of health care providers), select the My Profile section and add your employers to begin the approval process.

None of above?

News & Alerts

EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
Phone: 1-866-484-8049
TTY: 1-866-523-4759
✉ EUSupport@cgi.com

It will return you to this screen, where you will sign in with the **username and password** you just created:

1. Create a Login through the Identity & Access Management System (I&A).
2. Login to NPPES with your I&A Username and Password.
3. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

1. Create an NPPES ONLY Username and Password for the NPI you are applying for.
2. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPPES before, your existing account information has not changed.

<p>Manage your personal NPI record</p> <p>An NPI assigned to you, an Individual who renders health care services.</p> <p>User ID: <input type="text"/></p> <p>Password: <input type="password"/></p> <p><input type="button" value="Login"/></p> <p>Forgot User ID or Password?</p> <p>New Individual Provider in need of an NPI or have never accessed NPPES to view/update your NPI record? Create a Login.</p> <p>Manage your Individual Provider Login Account Information.</p>	<p>Manage NPI records for an Organization</p> <p>NPI associated with your Healthcare Organization</p> <p>User ID: <input type="text"/></p> <p>Password: <input type="password"/></p> <p><input type="button" value="Login"/></p> <p>Forgot Password?</p> <p>Create NPPES Only Login and Apply for an NPI for a Healthcare Organization.</p> <p>ⓘ If you need to access PECOS or HITECH on behalf of your Healthcare Organization, you must Create a Login in the Identity & Access System (I&A).</p>
---	---



Select **New Application**:



Lo

Welcome to the National Provider System

User Name: Preetinder Singh

You do not have an individual (Type 1) NPI. Click the **Submit New NPI Application** button to begin the process.

NPI Options: Submit new NPI, Generate NPI Assignment Notification and View the NPI record in a single page view.

New NPI Application

Apply for an NPI

Send E-mail Notification

Send NPI Assignment Notification to the Contact Person e-mail address

Account Options: Update your account in the Identity & Access (I&A) Management System. You will be navigated to the I&A Management System, which will require you to sign in with I&A User ID and password. Upon successful login, you will be navigated to the appropriate page.

Go to I&A

Manage your Profile

Change Password

Update the Password

Then scroll down the screen and select **Submit New NPI Application**

By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

By e-mail at:
customerservice@npinenumerator.com

By mail at:
NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

Step 2: Read the information below.

You must agree to the terms below when you submit your application:

I have read the contents of the application and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator immediately.

I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

I understand that the information provided in this application may be used by other agencies in accordance with privacy regulations.

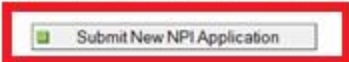
I have read and understand the [Privacy Act Statement](#).

*I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.*

Penalties for Falsifying Information on the NPI Application / Update Form:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Step 3: Begin online application.

A rectangular button with a red border and a small green square icon on the left. The text "Submit New NPI Application" is centered on the button.

Submit New NPI Application

Please fill in your name under provider information, skip the “other name section” and fill in your Date of Birth, social, and gender on the bottom of the form. (choose yes for sole proprietor) and click **NEXT**

Provider Name information: * Indicates Required

Prefix: * First: Middle: * Last: Suffix:

Credential(s): (M.D., D.O., etc.)

Other Name: (if applicable)

Prefix: First: Middle: Last: Suffix:

Credential(s): (M.D., D.O., etc.) Type of Other Name:

Other Identifying Information:

* Date of Birth: (MM/DD/YYYY) * Social Security Number: (Without Dashes)

State of Birth: (* if U.S.) * Country of Birth:

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Use the **Maimonides Address** for your domestic business mailing address and click **NEXT**. **DO NOT LIST MY NUMBER UNDER THE BUSINESS NUMBER- USE THE MAIN HOSPITAL NUMBER 718-283-6000**

1/25/11

NPI Application Form - Business Mailing Address

If your address is **outside** the U.S., click here: Foreign Address

If your address is **military address**, click here: Military Address

* Indicates Required Field

Domestic Business Mailing Address Information

* **Address Line 1:** *(Street Number and Name)*

Maimonides Medical Center

Address Line 2: *(e.g. Suite Number)*

4802 10th Avenue

* **City:** * **State:** * **Zip + 4:** -

Country:

Phone Number: **Extension:** **Fax Number:**
(Without Dashes) *(Without Dashes)*

< Previous

Next >

The next screen will ask you for your business location, choose same as mailing address and click **NEXT**.

NPI Application Form - Business Practice Location Address

If your address is **outside** the U.S., click here: Foreign Address

If your address is **military address**, click here: Military Address

* Indicates Required Field

Domestic Business Practice Location Address Information

If the Business Practice Location Address is the same as the Business Mailing Address, click here:

Same As Business Mailing Address



If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g. Suite Number)

* City: * State: * Zip + 4: -


Country:

* Phone Number: Extension: Fax Number:
(Without Dashes) (Without Dashes)

< Previous

Next >

It may come up saying error address not found, click on [Use Input Address](#) on the bottom left of the screen.

 [Logoff](#) [Help](#)

NPI Application Form - Business Practice Location Address Standardization

In order to ensure the optimum performance of the National Provider System, we standardize all addresses; for example, we change "Avenue" to "Ave." This makes it easier to find your information again in the future and to ensure that we do not have duplicate entries where they should not occur.

The input address could not be verified.


Error: Address Not Found: One or more of the following address component(s) could not be validated: Address Line 1, Zip Code

Please do one of the following:

- 1) Keep your input as is.
Note: Rejecting standardized address will delay enumeration
- 2) Modify your input in the boxes below and submit for revalidation.

** Indicates Required Field*

* Address Line 1: <i>(Street Number and Name)</i>	<input type="text" value="Maimonides Medical Center"/>
Address Line 2: <i>(e.g. Suite Number)</i>	<input type="text" value="4802 10th Avenue"/>
* City, State, Zip:	<input type="text" value="Brooklyn"/> <input type="text" value="NY - NEW YORK"/> <input type="text" value="11219"/> - <input type="text"/>



Please note, it may come up for both practice address, and mailing address. Choose Use Input Address for both.

The next screen will ask you to add any Medicare, UPIN, Etc. information you would like to add, just click **NEXT**

NPI Application Form - Other Identification Numbers

Please Enter All Other Provider Identifiers (Medicare UPIN, Medicare PIN, Medicare OSCAR/Certification, Medicare NSC, Medicaid, and Other):

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are required to obtain them. DO NOT report the Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) in this section.

Add Identifier

Select All Clear Selected Delete

	Issuer	Number	State	Issuer
--	--------	--------	-------	--------

< Previous Next > Delete



Note: Please use the Previous and Next buttons to navigate between the pages in the application.

The next screen will ask you to add a taxonomy number:

NPI Application Form - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

* At least one ta.

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.



*Primary Taxonomy	*Selected Taxonomy	State	License Number	
-------------------	--------------------	-------	----------------	--

Make sure to choose **39 Student Health Care** under the Individual Provider Code and click **NEXT**.
(Please note, you must select Student Healthcare, or it will require you to include license Information.)

NPI Application Form - Select Individual Taxonomy Page 1 of 2

Please Select Provider Type Code:

Individual Provider Type Code

OR

Organization Provider Type Code

- 17 Other Service Providers
- 18 Pharmacy Service Providers
- 36 Physician Assistants & Advanced Practice Nursing Providers
- 21 Podiatric Medicine & Surgery Service Providers
- 22 Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- 23 Speech, Language and Hearing Service Providers
- 39 Student Health Care**

- 25 Agencies
- 26 Ambulatory Health Care Facilities
- 19 Group
- 27 Hospital Units
- 28 Hospitals
- 29 Laboratories
- 30 Managed Care Organizations

 < Previous

Next > 

Note:

1. The Provider Type Code is the first two digits of the taxonomy number.
2. A complete listing of provider taxonomy codes can be obtained from <http://www.wpc-edi.com/codes/taxonomy>.
3. Please use the Previous and Next buttons to navigate between the pages in the application.

It will load the information on the next page.

Make sure to click on the Taxonomy a second time if they ask you to and then make sure it is selected like in the picture below , in the circle under primary Taxonomy.

Then click **NEXT**

NPI Application Form - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

** At least one tax*

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

*Primary Taxonomy	*Selected Taxonomy	State	License Number	
<input checked="" type="radio"/>	390200000X - Student in an Organized Health Care Education/Training Program -			<input type="button" value="Delete"/>

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

The next screen is the Contact Information section. Please list your **OWN INFORMATION AS THE CONTACT**: After your NPI is emailed to you, you can forward to your departmental coordinator.

NPI Application Form - Contact Person Information

Contact Person Name:

If you would like to use the Provider as the contact person, click here Same As Provider

If you would like to designate an alternate contact person, please fill out the following:

Prefix: * First: Middle: * Last: Suffix:

Credential(s): Title:

Please Complete The Following Additional Information For The Contact Person:

To use the mailing phone or practice phone for the contact, click one of the following:

Same As Mailing Phone Same As Practice Phone

* Contact Person Phone Number: Extension:
(Without Dashes)

* Contact Person E-mail: * Retype Contact Person E-mail:

NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.

< Previous Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Check the box certifying that everything is correct and click SUBMIT

NPI Application Form - Certification Statement

Check this box to indicate that you certify to the following:

I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.

I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application for 30 days of the effective date of the change.

I have read and understand the [Privacy Act Statement](#).

I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 or imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the amount derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

When the application is complete, you will see a screen with your name, credentials, and a tracking number to check the status of your NPI number



Thank you. Your application will be processed.

Application processing times may vary based on current inventories. If you have any questions regarding this application or if the designated contact person does not receive the prc working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).

Provider Name: [REDACTED]

[REDACTED] M.B.B.S

Your tracking number is: 07312012[REDACTED]

Please provide this tracking number on all correspondence.

Please print this page for your records.

Clicking this button will allow you to view and print the information furnished on your application.
Please Note: This page/printout may contain sensitive information.

NPI Enumerator Contact Information

By phone: 1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

By e-mail at: customerservice@npienumerator.com

By mail at: NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

For your reference, please print this page by clicking the Print icon, located in your browser's toolbar.