

NPI Submission Form

for individual practitioners

We recommend that you retain a copy of this form for your records

Instructions: Once you have applied and received an NPI from the National Plan and Provider Enumeration System (NPPES—<http://nppes.cms.hhs.gov>), report your NPI to Harvard Pilgrim. This will help to ensure timely and accurate transaction processing. Please fill out one form per NPI. Alternatively, individual practitioners can also submit their individual NPI via the Harvard Pilgrim web site at <http://www.harvardpilgrim.org/providers>.

No demographic information changes will be made as a result of submitting this form.

Use this form if you:

- Are an individual practitioner, and
- Wish to submit your NPI to Harvard Pilgrim.

Do **not** use this form if you are:

- Requesting a demographic change to existing Harvard Pilgrim data, or
- Reporting a group or an organization NPI.

If you are a group or an organization, please see the NPI group/organization form at <http://www.harvardpilgrim.org/providers>.

All fields are required unless otherwise indicated
Please print or type all entries.

Today's Date
E-mail (optional)

Name of Person Submitting Form	Phone & extension	E-mail (optional)
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Individual Practitioner

Last Name		First Name		Middle Initial		Birth Date (MM/DD/YY)	
Ten-Digit NPI				Harvard Pilgrim Provider #		Tax ID Number (TIN)	
Primary Billing Entity Name				Primary Practice Name			
Primary Billing Address 1				Primary Practice Address 1			
Primary Billing Address 2				Primary Practice Address 2			
Billing City	State	Zip	Country*	Practice City	State	Zip	Country*

*Practitioners residing outside the 50 United States, including the U.S. Virgin Islands and Puerto Rico, must use the below forms to submit NPIs.

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*For individual practitioners with more than one legacy payee number:
Please enter all non-shaded boxes below.*

Last Name <i>Same as above</i>		First Name <i>Same as above</i>		Middle Initial <i>Same as above</i>		Birth Date (MM/DD/YY) <i>Same as above</i>	
Ten-Digit NPI <i>Same as above</i>				Harvard Pilgrim's Payee Legacy #		Tax ID # (used on claims) <i>Same as above</i>	
Secondary Billing Entity Name				Secondary Practice Name			
Secondary Billing Address 1				Secondary Practice Address 1			
Secondary Billing Address 2				Secondary Practice Address 2			
Billing City	State	Zip	Country*	Practice City	State	Zip	Country*

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Where to send this form

Mail: Harvard Pilgrim Health Care
Attn: Provider Processing Center, 2nd Floor
1600 Crown Colony Drive
Quincy, MA 02169

E-mail: PPC@harvardpilgrim.org

Fax: 617-509-0205
Attn: HPHC Provider Processing Center

**For additional guidance on submitting your NPI to Harvard Pilgrim,
please visit our Web site at <http://www.harvardpilgrim.org/providers>.**