

National Provider Identifier (NPI) Submission Form

Complete all fields for your Type I (Rendering) NPI and/or your Type II (Billing) NPI.

- Type I NPI A NPI number unique to each practitioner; also referred to as a Rendering NPI.
- Type II NPI A NPI number for the practice, including an incorporated solo practice; also referred to as a Billing NPI.

One form per practitioner is required for credentialing purposes. To obtain an NPI, apply through the <u>National Plan and Provider Enumeration System (NPPES)</u>.

Type I (Rendering) NPI		
Last Name	First Name	M.I.
Title		
Specialty		
Social Security Number	Date of Birth	
Type I NPI Number		
Type II (Billing) NPI		
Organization Name		
Tax ID Number		
Type II NPI Number		

Return the completed form to:

CareFirst BlueCross BlueShield/CareFirst BlueChoice, Inc. Provider Information and Credentialing, Mailstop CG-41 10455 Mill Run Circle P.O. Box 825 Owings Mills, MD 21117