

# National Provider Index Authorization Form

The attached form is required whether you currently have an NPI or not.

1. Sign and date (part A only)
2. Mail the hard copy original to your department contact.

Sign and  
Date here



Penalties for Falsifying Information on the National Provider Identifier (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 and 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 5 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.			
<b>SECTION 4: CERTIFICATION STATEMENT (See Instructions)</b>			
I, the undersigned, certify to the following:			
<ul style="list-style-type: none"><li>• This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.</li><li>• 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.</li><li>• I authorize the NPI Enumerator to verify the information contained herein. I agree to notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.</li><li>• I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.</li><li>• I have read and understand the Privacy Act Statement.</li></ul>			
**All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.**			
<b>A. Individual Practitioner's Signature (Required for Type 1 Providers ONLY.)</b>			
1. Practitioner's Signature* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)		2. Date* (mm/dd/yyyy)	
<b>B. Authorized Official's Information and Signature for the Organization (Required for Type 2 Organizations ONLY.)</b>			
1. Prefix (e.g., Mr., Mrs.)		2. First*	
3. Middle		4. Last*	
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position*		8. Telephone Number* (Include Area Code)	
9. Extension		10. Authorized Official's Signature* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	
11. Date* (mm/dd/yyyy)			
<b>SECTION 5: CONTACT PERSON</b>			
<b>A. Contact Person's Information</b>			
Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. (See Instructions)			
1. Prefix (e.g., Mr., Mrs.)		2. First*	
3. Middle		4. Last*	
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position*			
8. E-Mail Address		9. Telephone Number* (Include Area Code)	
10. Extension			
For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a> . NPI web is a quick and easy way for you to get your NPI. Or send the completed signed application to: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059			
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Do not send the applications to this address.			
Form CMS-10114 (03/12)			

Lori Julian works with Provider Enrollment. After receiving this form from your department contact, her group will process the NPI changes as needed.

## Penalties for Falsifying Information on the National Provider Identifier (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 and 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 5 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.

### SECTION 4: CERTIFICATION STATEMENT (See Instructions)

I, the undersigned, certify to the following:

- This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.
- 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 notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.
- I have read and understand the Privacy Act Statement.

**\*\*All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.\*\***

#### A. Individual Practitioner's Signature (Required for Type 1 Providers ONLY.)

1. Practitioner's Signature* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	2. Date* (mm/dd/yyyy)
--	-----------------------

#### B. Authorized Official's Information and Signature for the Organization (Required for Type 2 Organizations ONLY.)

1. Prefix (e.g., Mr., Mrs.)	2. First*	3. Middle	4. Last*
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position*		8. Telephone Number* (Include Area Code)	9. Extension
10. Authorized Official's Signature* (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			11. Date* (mm/dd/yyyy)

### SECTION 5: CONTACT PERSON

#### A. Contact Person's Information

Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. (See Instructions)

1. Prefix (e.g., Mr., Mrs.)	2. First*	3. Middle	4. Last*
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	7. Title/Position*
8. E-Mail Address	9. Telephone Number* (Include Area Code)		10. Extension

**For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: <https://npes.cms.hhs.gov>. NPI web is a quick and easy way for you to get your NPI. Or send the completed signed application to: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Do not send the applications to this address.**

---

## Privacy Act Statement

---

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the National Provider Identifier (NPI), to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected will be entered into a new system of records called the National Provider System (NPS), HHS/HCF/A/OIS No. 09-70-0008. In accordance with the NPPES Data Dissemination Notice (CMS-6060), published May 30, 2007, certain information that you furnish will be publicly disclosed. The NPPES Data Dissemination Notice can be found at <http://www.cms.gov/NationalProviderStand/Downloads/DataDisseminationNPI.pdf>.

Failure to provide complete and accurate information may cause the application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. (See the instructions for completing the NPI application/update form to find the information that is voluntary or mandatory.)

Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPS for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
  - (a) HHS, or any component thereof, or
  - (b) Any HHS employee in his or her official capacity; or
  - (c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
  - (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
7. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
8. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated data processing (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
9. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
10. Another Federal or State agency
  - (a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
  - (b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.