



>> National Provider Identifier Reporting Form Overview www.indianamedicaid.com

Dear Provider:

Thank you for requesting an *NPI Reporting Form*. This form is customized to meet the National Provider Identifier (NPI) reporting needs of all Indiana Health Coverage Programs (IHCP) healthcare providers. Your form will be returned if all of the fields are not complete. Fields that do not apply to your business may contain an *N/A*. Be sure to have the appropriate person sign this form.

Who needs to complete the NPI Reporting Form?

Providers who cannot report NPI electronically using the NPI Reporting Tool and must report by paper. All health care providers (e.g., physicians, suppliers, hospitals, and others) that are eligible for an NPI must either complete this form or report their NPI using the Web-based NPI Reporting Tool. Health care providers are individuals or businesses that render health services. Groups and clinics are responsible for reporting their rendering providers' NPI numbers and Taxonomy code on this form.

All Billing Providers must complete fields 1-11 and 15-21 to report their business NPI information. One service location per form is permitted.

All Groups and Clinics that report their rendering providers' NPI information, must complete all fields on the form. One service location per form is permitted.

The following checklist is to assist you and HP in determining if all of the required fields are complete.

Check Here	Field	NPI Reporting Form Overview and Checklist	HP
<input type="checkbox"/>	1	Billing/Groups IHCP provider number. (Example. 200999990)	<input type="checkbox"/>
<input type="checkbox"/>	2	Billing/Groups service location alpha suffix. (Example. 200999990 C)	<input type="checkbox"/>
<input type="checkbox"/>	3	Billing/Groups tax identification number. (Example. 99-9999999)	<input type="checkbox"/>
<input type="checkbox"/>	4	National Provider Identifier for the business service location	<input type="checkbox"/>
<input type="checkbox"/>	5 a-c	A maximum of three Taxonomy codes can be submitted for the business service location. Attach additional sheets of paper to report up to 12 additional Taxonomy codes.	<input type="checkbox"/>
<input type="checkbox"/>	6	Doing Business As (DBA) name for the business service location	<input type="checkbox"/>
<input type="checkbox"/>	7-11	Address information. It is very important to document the ZIP Code+4 for the business service location.	<input type="checkbox"/>
<input type="checkbox"/>	12	Rendering provider's IHCP provider number is reported in this field. Be sure the provider is linked to the business service location reported on the form. (Complete this only if you are a group or clinic.)	<input type="checkbox"/>
<input type="checkbox"/>	13	Rendering provider's legal name	<input type="checkbox"/>
<input type="checkbox"/>	14	Rendering provider's current NPI number is reported in this field. (Complete only if you are a group or clinic.)	<input type="checkbox"/>
<input type="checkbox"/>	14 a-c	A maximum of three Taxonomy codes can be reported per rendering provider on the form. Attach additional sheets of paper to report up to 12 additional Taxonomy codes. (Complete only if you are a group or clinic.)	<input type="checkbox"/>
<input type="checkbox"/>	15-17	Enter contact information in these fields. This person should be the entity responsible for your business and rendering providers' NPI numbers and have knowledge about provider enrollment.	<input type="checkbox"/>
<input type="checkbox"/>	18-21	Print the name of the official that signed the form. Give the person's position, title, and date the form.	<input type="checkbox"/>

Mailing Instructions:

Retain a copy of the completed *NPI Reporting Form* for your records. Mail the completed, signed, and dated form to the following address:

**HP – Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263**

Visit the IHCP Web site at <http://www.indianamedicaid.com> for additional information about NPI or contact the HP Provider Enrollment and Waiver line at 1-877-707-5750 for assistance in completing the *NPI Reporting Form*.



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Provider Service Location Information

The service location name and address is for the site where members obtain services. A service location maintains supporting documentation related to the claim. The service location name must be the Doing Business As (DBA) name registered with the Secretary of State, except for sole proprietors or business owners who must register their Assumed Business Name with the county recorder. **The address must be a physical location. A post office box is not a valid service location address. The ZIP Code+4 is an important locator code for the NPI process. Provide the complete nine-digit ZIP Code.**

1. Provider Number:		2. Service Location Alpha Suffix:		3. Tax Identification Number:	
4. National Provider Identifier (NPI):		5a. Taxonomy code:	5b. Taxonomy code:	5c. Taxonomy code:	
6. DBA Name:				7. Telephone:	
8. Street Address:					
9. City:			10. State:	11. ZIP Code+4:	

Rendering Provider Information for the Service Location

Complete all of the fields for rendering providers linked to your group or clinic.

12. Current Provider Number	13. Provider's Legal Name	14. NPI	14a. Taxonomy code	14b. Taxonomy code	14c. Taxonomy code

Contact Information

15. Contact Name (Please Print):		16. Contact Phone:	17. Contact E-mail:
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Authorized Signature

The undersigned, being the provider or having the specific authority to bind the provider to the terms of the provider agreement, does hereby agree to abide by and comply with all the stipulations, conditions, and terms set forth herein. The undersigned acknowledges that the commission of any Medicaid or CHIP related offense as set out in *42 USC 1320a-7b* may be punishable by a fine of up to \$25,000 or imprisonment of up to five years or both. **The owner or an authorized representative of the business entity directly, or ultimately responsible for operating the business enterprise must complete this section.**

18. Authorized Official's Name with Business (Please Print):		19. Title:
20. Signature of Authorized Business Official:		21. Date: