

Instruction Sheet for All Performing Providers

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

The following is a guide for completing sections that are most frequently left blank or incomplete causing significant delays in processing your application. If an area is not applicable to you, please mark “N/A” in the space to confirm that the area was not omitted.

NOTE: If you already have an NPI number, you do not have to complete the application, but you will need to submit your NPI letter.

Page 1 - Reason for Submittal of Form

- A. Check the appropriate box
- B. Check entity type – this should be an individual that renders services

Section 2 – IDENTIFYING INFORMATION

- Prefix (e.g., Major, Mrs.)
- First Name, Middle Name, Last Name
- Suffix (e.g., Jr., Sr.)
- Credential
- Other Name Information (If applicable)
- Date of Birth
- State of Birth (U.S. only)
- Country of Birth (If other than U.S.)
- Gender
- Social Security #

Page 3 - Individual Practitioner’s Signature

- Signature is required
- Date (MM/DD/YYYY)

MHMRA will not receive any reimbursement for your services until this application is completed to obtain an NPI number for you or you have submitted a letter documenting your number and provider taxonomy code.