



Fax to: (800) 236-8641

MNT MISC

**OR** mail to:

(NPI)

Provider Data Services  
 PO Box 898842  
 Camp Hill, PA 17089

## NPI Submission Form

Register your National Provider Identifier (NPI) with Highmark Blue Shield using this form. This will help ensure timely and accurate claim payment processing and tax reporting. If you registered for more than one NPI, complete this form for *each* NPI and **include a copy of the NPPES confirmation notice for each one.**

### Type 1 Entities

NPI Type 1 entities are **individual** health care providers, such as physicians, nurses, dentists, doctors of chiropractic, pharmacists, physical therapists, etc.

Practitioner's full name	<i>Last</i>	<i>First</i>	<i>MI</i>	Date of birth
				/ /
NPI 10-digit number				
Highmark Provider Number linked to this NPI				
Taxonomy/Taxonomies registered with NPPES <i>or</i> Specialty				
Main Practice Address				
City			State	ZIP Code

### Type 2 Entities

NPI Type 2 entities are **organization** health care providers, such as hospitals, home health agencies, clinics, SNFs, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, health maintenance organizations, DME suppliers, pharmacies, etc.

Legal entity name	Tax ID
NPI 10-digit number	
Highmark Provider Number(s) or 4-digit facility number linked to this NPI (use separate sheet if necessary)	
Taxonomy/Taxonomies registered with NPPES <i>or</i> Specialty	
Main Address	
City	State ZIP Code

Submitted by (Provider or Authorized Representative)	Date
/ /	
Title	Telephone number ( )