	Network Providers: HNFS Provider Management PO Box 870145 Surfside Beach, SC 29587-9745 Fax: 888-244-4025	NON-Network Providers: Provider Data Management PO Box 870156 Surfside Beach, SC 29587-9756 Fax: 888-250-4355
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Dear Sole Practitioner:

The simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require the Department of Health and Human Services (HHS) to establish a national identifier (National Provider Identifier – NPI) for healthcare providers.

Beginning May 23, 2007, providers are required to submit an NPI number as well as their Employer Tax Identification Number with all electronic transactions. Remember, network providers are required to submit their claims electronically; therefore, all network providers must submit claims with NPI numbers. Claims received without an NPI (as of May 23, 2007) will be denied.

An NPI does not replace an Employer Tax Identification Number. These numbers are all necessary for providers to receive payments and a requirement for tax reporting purposes.


To determine how many NPI numbers to request, please consider the following tip provided by Centers for Medicare & Medicaid Services (CMS):

- **Sole Practitioners** (doctors, nurses):
 - o One NPI per provider regardless of numbers of practice locations, contracts, etc.

TRICARE's goal is to make this transition as seamless as possible. After you have obtained your NPI numbers, please print, complete and return the appropriate NPI form below. We will be better prepared to provide uninterrupted claims payments once we have your information on file. Please attach your NPI application and NPI number letter of response.

Note: We will accept electronic spreadsheets. Please send E-mail to: provrel@healthnet.com

View [NPI FAQs](#) for more helpful information.

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TRICARE National Provider Identifier (NPI) Form for Sole Practitioners

If you have more than one NPI, please complete a separate form for EACH NPI number. You may fax or mail completed forms to the address or fax number above.

Tax ID Number: _____ **NPI Number:** _____ (10 digits)

Provider Name: _____

Contact Person: _____ Contact Telephone: _____

Please list all Physical Addresses for this NPI.

Physical Location Number	Physical Address	City	State	Zip Code
1				
2				
3				
4				
5				
6				

There is only ONE pay-to address for this NPI. **Yes or No** (circle one)

If **Yes**, provide complete Pay-To Address below:

Mailing/Pay-To Address	City	State	Zip Code

If **No**, please indicate which Physical Location Number above will have a different Pay-To Address and provide the complete Pay-To Address below. Make note if same as Physical Address.

Physical Location Number	Mailing/Pay-To Address	City	State	Zip Code