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|  | Provider Data Management PO Box 870156 Surfside Beach, SC 29587-9756 Fax: 888-250-4355 |
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Dear Clinic or Group Provider:

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):

- **Clinics** (group practices, etc.)
 - Clinics should obtain separate NPIs per Pay-To/Mailing Address.

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.

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 Clinics/Group Providers

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 above contact information; please do not send us your NPI information multiple times.

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

Provider Name
 Associated with NPI Number: _____

Contact Person: _____ Contact Telephone: _____

Please list all Physical Addresses for this NPI. (You may add additional pages if necessary)

| 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 |
|--------------------------|------------------------|------|-------|----------|
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