

	Provider Data Management PO Box 870156 Surfside Beach, SC 29587-9756 Fax: 888-250-4355
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Dear DME 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, 2008, providers are required to submit an NPI number as well as their Employer Tax Identification Number with all electronic transactions. We will accept electronic spreadsheets. Please send E-mail to: [provrel@healthnet.com](mailto:provrel@healthnet.com). 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, 2008) 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 tips provided by Centers for Medicare & Medicaid Services (CMS):

- **DME Suppliers**
  - DME suppliers must obtain one NPI per location.

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.

**Remember:** We will accept electronic spreadsheets. E-mail: [provrel@healthnet.com](mailto:provrel@healthnet.com). Please include the social security number with each rendering provider's NPI number.

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



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## TRICARE National Provider Identifier (NPI) Form for DME Suppliers

Each location must have a separate 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: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Provider Name : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

NPI Number (10 digits)	Physical Address City, State, Zip	Mailing/Pay-To Address City, State, Zip