

National Provider Identifier Submission Form

Please print this form, fill in the requested information below and use any of the options below to send us the information along with any additional information about your practice.

Website: www.unitedconcordia.com/pifria

Email: ProviderRequests@ucci.com

Fax: (844) 235-7261

Mail:

Dental Network Operations

PO Box 69404

Harrisburg, PA 17106-9404

Group Practice – Type 2 Entity (organization) is defined as an organization providing health care services, such as group practices, professional corporations, and clinics, including incorporated individuals.

Group Practice Name:

Group Practice United Concordia ID Number:

Group Practice TIN/EIN Number:

Group Practice NPI 10-Digit Number to be linked to the above United Concordia ID Number:

Practice Address(s):

Individual (s) – Type 1 Entity (individual) is defined as any individual dentist, including sole proprietor and provider of health care services.

Dentist's Name:

Dentist's United Concordia ID Number:

Dentist's NPI 10-Digit Number to be linked to the above United Concordia ID Number:

Individual (s) – Type 1 Entity (individual) is defined as any individual dentist, including sole proprietor and provider of health care services.

Dentist's Name:

Dentist's United Concordia ID Number:

Dentist's NPI 10-Digit Number to be linked to the above United Concordia ID Number:
