

National Provider Identifier Submission Form

Please print this form, fill in the requested information below and fax to (866) 223-2770 or make a copy for your records and mail the original to United Concordia, Network Operations, P.O. Box 69404, Harrisburg, PA 17106-9404. Please also make copies of this form to submit additional information about your practice.

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:
