

## 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, Provider Data Management, PO Box 69415, Harrisburg, PA 17106-9415. 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:

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