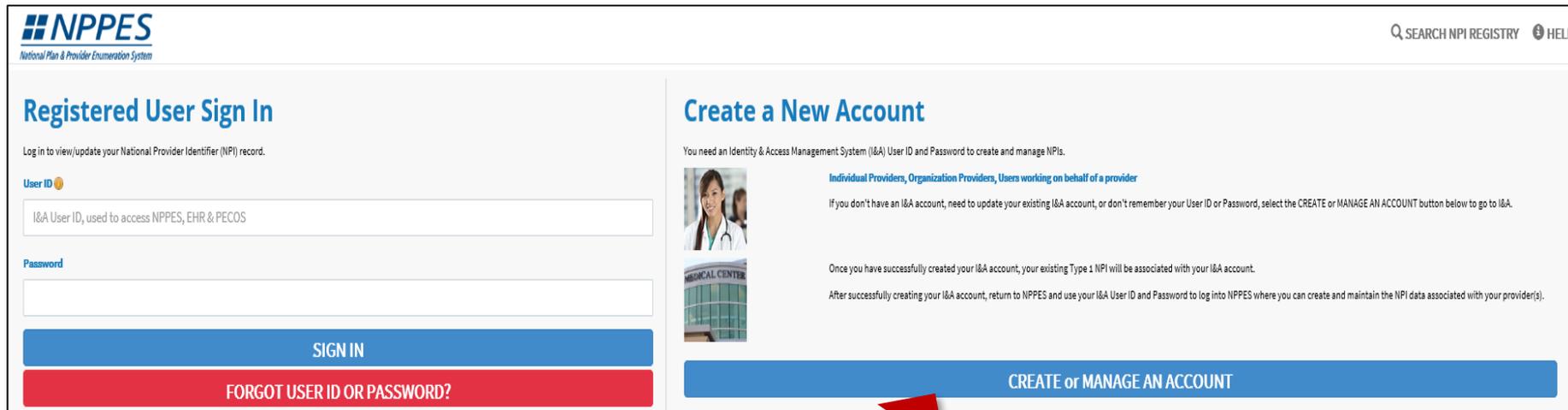


Provider View – Initial Application

- Access <https://nppes.cms.hhs.gov>



NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID 

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

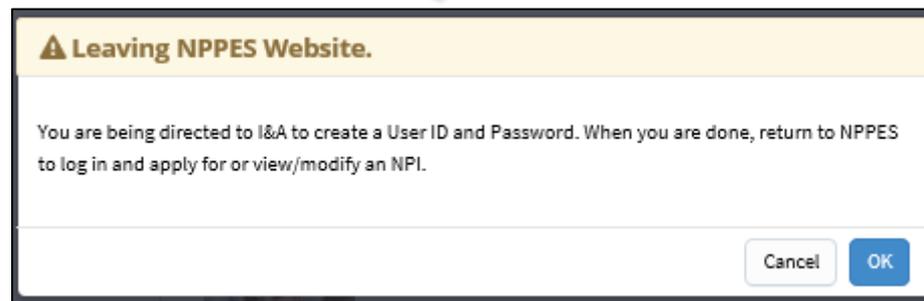
If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

- Select **Create or Manage an Account**



⚠ Leaving NPPES Website.

You are being directed to I&A to create a User ID and Password. When you are done, return to NPPES to log in and apply for or view/modify an NPI.

Cancel **OK**

- Select **OK** to the **Leaving NPPES Website** pop up.

Provider View – Initial Application



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- User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.

CMS Centers for **Medicare & Medicaid** Services

Identity & Access Management System [? Help](#)

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

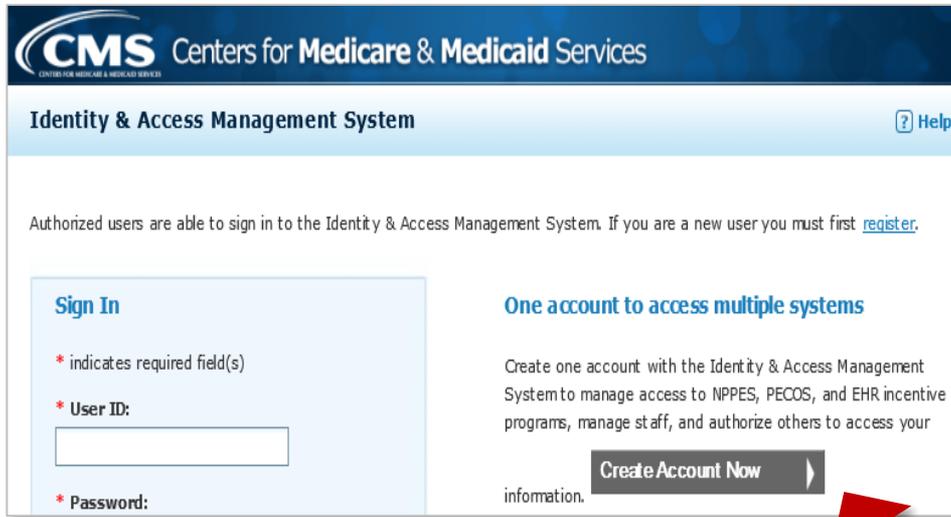
At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

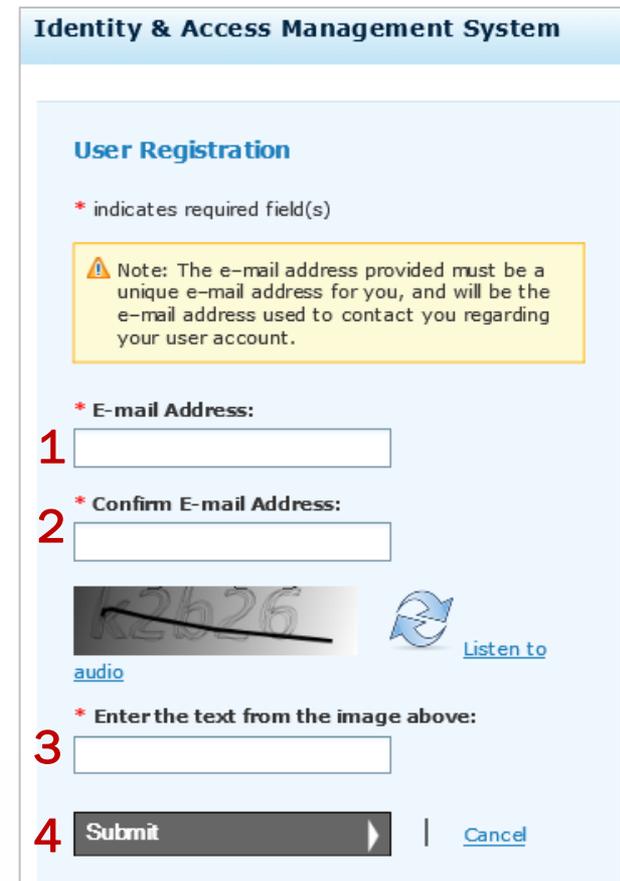
To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Provider View – Initial Application

- One account will be created to access multiple systems. Select **Create Account Now** to proceed.



- Complete the User Registration fields.
 - E-mail Address / Confirm E-mail Address
 - Captcha
 - Submit



Provider View – Initial Application

- Complete the **User Registration** – User Security fields
 - User ID / Password / Confirm Password

* indicates required field(s)

* **User ID:**

NPlisCool

* **Password:**

.....

* **Confirm Password:**

.....

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- ✓ Must be 8-12 alphanumeric characters.
- ✓ Must contain at least one letter.
- ✓ Must contain at least one number.
- ✗ Must contain at least one valid special character.
- ✓ Must not contain any invalid special characters.
- ✓ Must not start with numeric characters.
- ✓ Must not contain three repeating characters.
- ✓ Must not be the same as your User ID.
- ✓ Password must match Confirm Password.

Valid Special Characters: @ # &) (- _ ' " . , * ; : / \$!

- Five Security Questions and Answers

Please select five different security questions and enter their answers below:

* **Question 1:**

What is the first and last name of your first boyfriend or girlfriend? ▾

* **Question 2:**

What is your favorite food? ▾

* **Question 3:**

What was the name of your first pet? ▾

* **Question 4:**

What city were you born in? ▾

* **Question 5:**

What year did you graduate from high school? ▾

* **Answer 1:**

Smith

* **Answer 2:**

Broccoli

* **Answer 3:**

Oreo

* **Answer 4:**

Austin

* **Answer 5:**

1992

Provider View – Initial Application



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- Complete the **User Registration** – User Information fields
 - First & Last Name
 - Business Phone
 - DOB
 - SSN
 - Personal Phone
 - Home Address
 - City
 - Country
 - State / Province / Territory
 - Zip Code
- Primary E-mail Address (auto-filled)

<p>* First Name: Henry</p> <p>Middle Name: Alan</p> <p>* Last Name: Jones</p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: (701)-433-0037</p> <p>Fax Number: <input type="text"/></p> <p>* Date of Birth: (MM/DD/YYYY) <input type="text"/></p> <p>* SSN: <input type="text"/></p>	<p>* Personal Phone Number: (701)-654-9852</p> <p>* Home Address Line 1: 300 45th St S</p> <p>Home Address Line 2: Suite 218</p> <p>* City: Fargo</p> <p>* Country: United States</p> <p>* State/ Province/ Territory: ND - NORTH DAKOTA</p> <p>* Postal/ZIP Code: 58103</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Primary E-mail Address:
henry.jones@email.com

Provider View – Initial Application

- Select your address:
 - Use Standardized Address
 - or*
 - Use the Address I Entered

Select your address

Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

Use Standardized Address:
300 45th St S Ste 218
Fargo, ND 58103-1189
United States

Use The Address I Entered:
300 45th St S
Suite 218
Fargo, ND 58103
United States

Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call



Continue

Cancel

- Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call



Please select a Multi-Factor Authentication Method:

* Authentication Method:

Phone Number Text/SMS

* Phone Number:

Enter your 10 digit phone number the way you normally dial it.

(701) 433-7822

Send Text/SMS

Cancel

Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call



Continue

Cancel

- Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

* Authentication Method:

E-mail Address

You can use the E-mail Address associated with your I&A account or enter a new one.

* E-mail Address where you will receive your verification code

michael.starr@tpgsi.com

Select the Send E-mail button to verify that it works.

Send E-mail

Cancel



Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call



Continue

Cancel

- Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Phone Number Voice Call

* Phone Number:

Enter your 10 digit phone number the way you normally dial it.

(701) 433-7822

Extension:

Enter your phone number extension if applicable.

21211

Call

Cancel



Provider View – Initial Application

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

* indicates required field(s)

A Text/SMS was sent to (320) 761-0606

* Enter Code:

Haven't received a Text/SMS yet? [Resend Text/SMS](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

[Verify Code](#) | [Cancel](#)



- Once the MFA code is received via the selected route, the user will enter the 6-digit code and select **Verify Code**.
- The MFA code can be resent as needed.

Provider View – Initial Application

User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete



📄 Congratulations, your Phone Number (320) 761-0606 was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

Begin Alternative Setup ▶

Complete Registration ▶

[Cancel](#)

- The Begin Alternative Setup option can be used to set up an *additional form of MFA* or the user can continue with the Complete Registration option.

Provider View – Initial Application

■ User Registration – Registration Complete

User Registration - Registration Complete

Step 1 ✓ User Security → Step 2 ✓ User Info → Step 3 ✓ MFA Setup → Final Complete

📘 Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Delegated Official associated with your employer to grant you access; or you can ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

[Continue To Home Page](#)

- The user has now created an account in Identity & Access...this is only the first step!
 - [Sign Out](#) of Identity and Access and return to NPPES.



Provider View – Future Sign In

- The next time a User signs into I&A, they will be asked where to send the verification code and about the device.

Your Verification Code will be sent to:

* Select where you wish to receive your verification code:

Primary Authentication Method: Phone Number Voice Call: (xxx) xxx-7822 X 21211

* Are you logging in to the system on a Public or Private device?

This is a [Public Device](#)

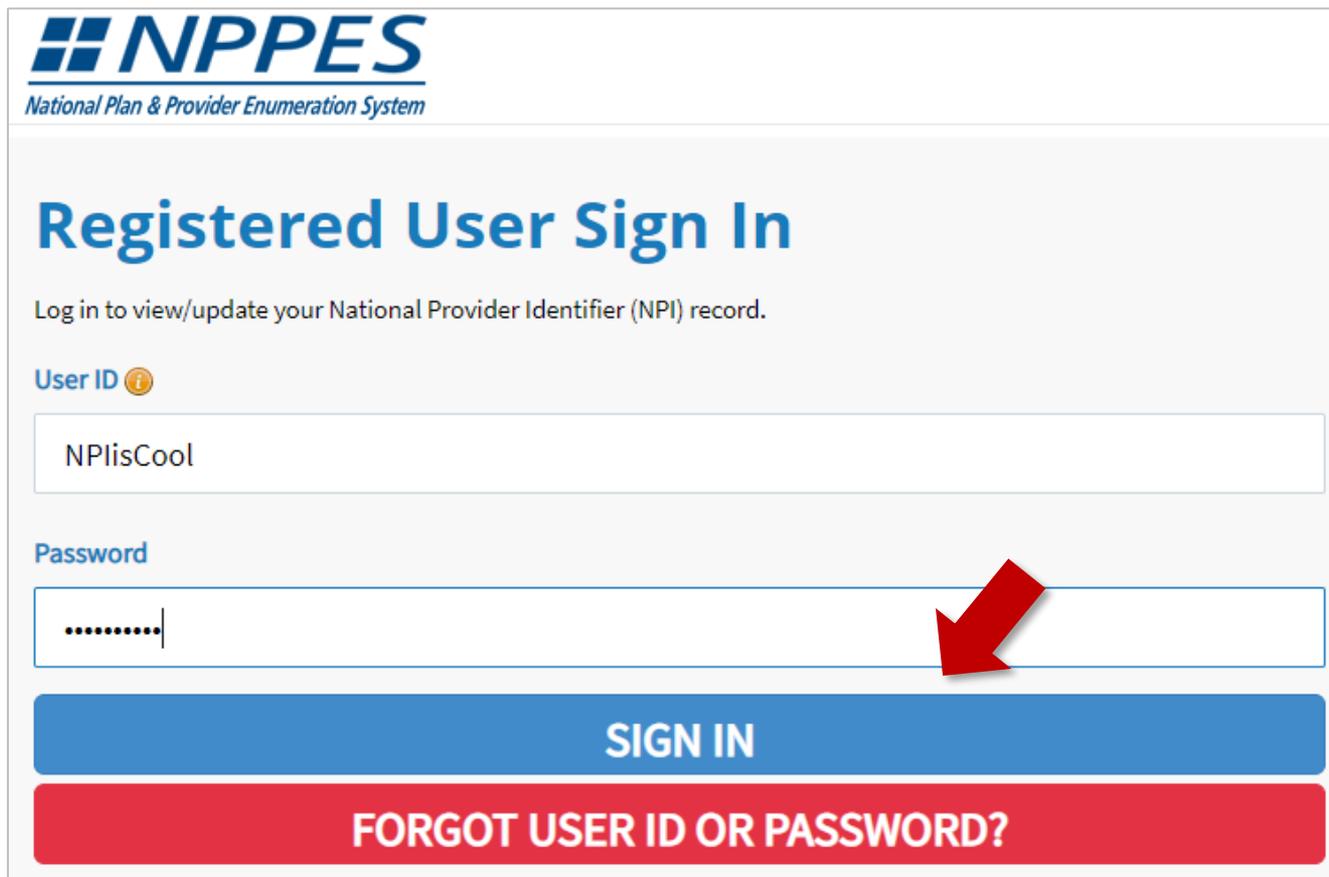
This is a [Private Device](#)

* Enter Code:

- **Public Device** – MFA code will only verify access for that **ONE** session.
- **Private Device** – the system will install a cookie on the device, & the MFA is good for **24 hours**.

Provider View – Initial Application

- Once back at <https://nppes.cms.hhs.gov>, the user will sign in under **Registered User Sign In** to begin the initial NPI application.



NPPES
National Plan & Provider Enumeration System

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

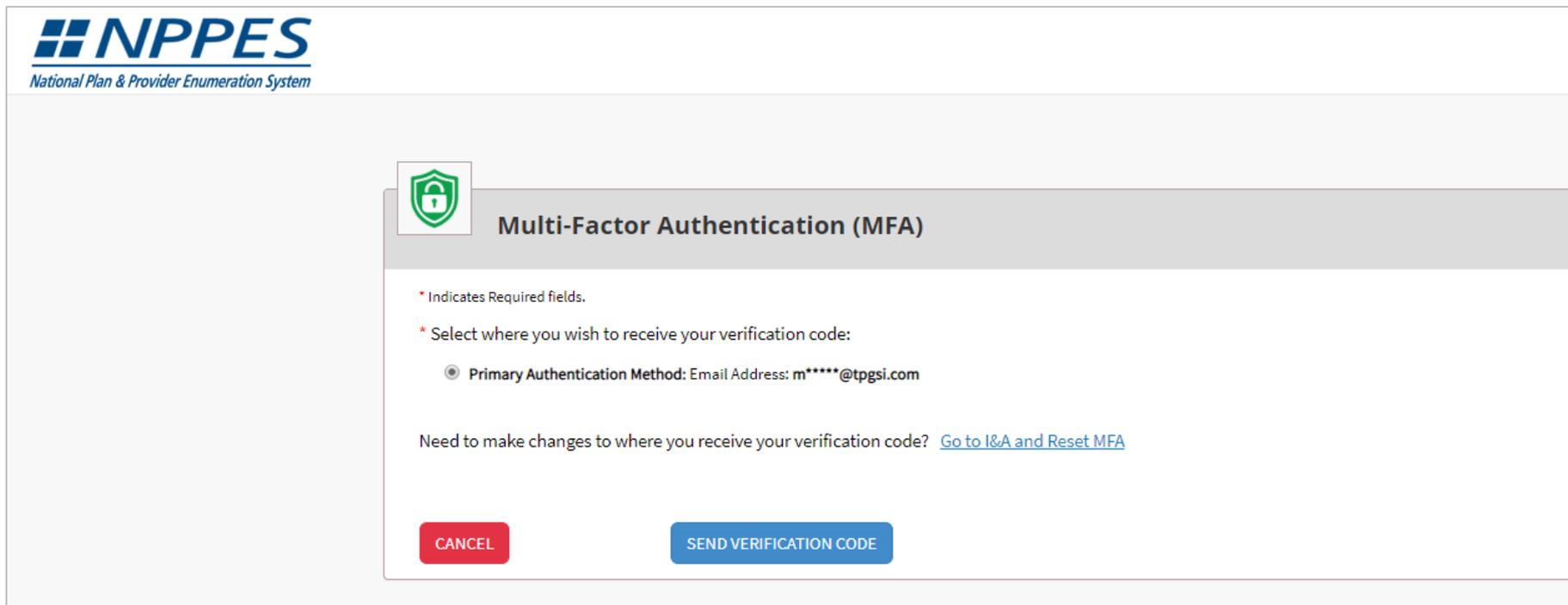
User ID ⓘ

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

- The user will be presented a page detailing MFA requirements for NPPES.
 - Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
 - If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.



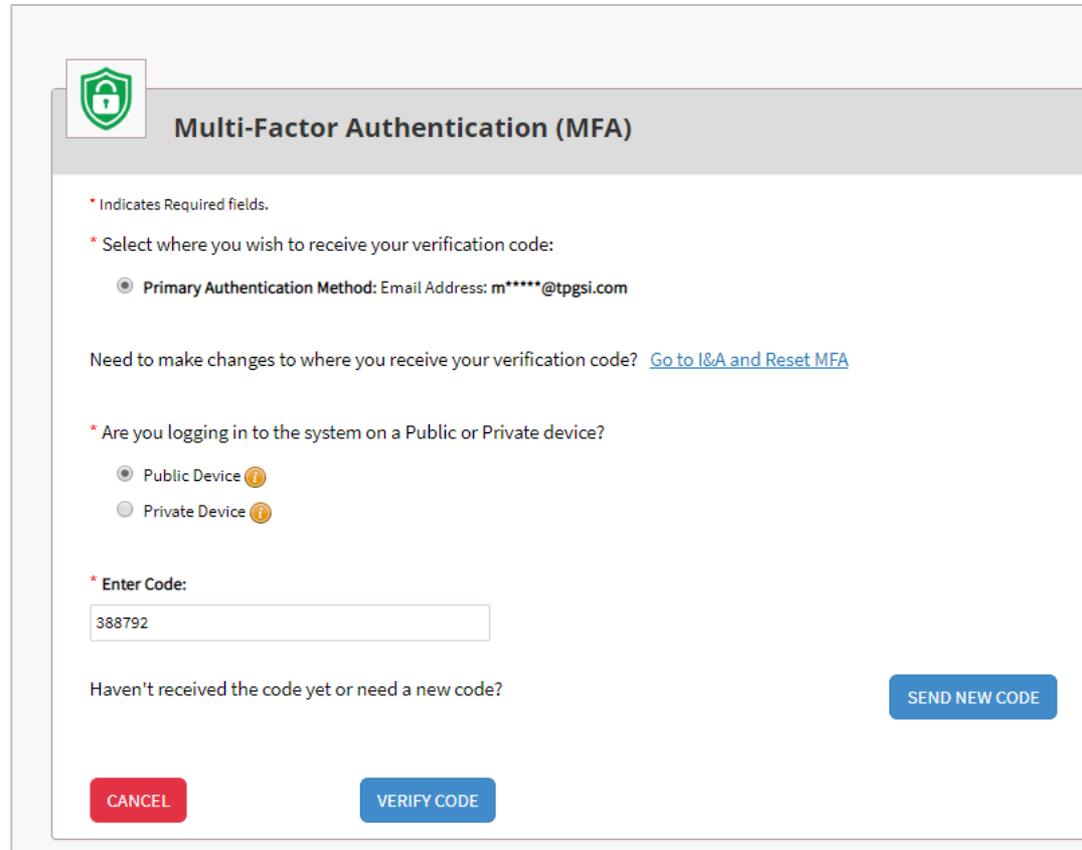
The screenshot shows the NPPES Multi-Factor Authentication (MFA) verification page. At the top left is the NPPES logo with the tagline "National Plan & Provider Enumeration System". The main heading is "Multi-Factor Authentication (MFA)" with a shield icon. Below the heading, there is a note: "* Indicates Required fields." and another note: "* Select where you wish to receive your verification code:". Underneath, there is a radio button selected for "Primary Authentication Method: Email Address: m*****@tpgsi.com". At the bottom, there is a link: "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)". At the very bottom, there are two buttons: a red "CANCEL" button and a blue "SEND VERIFICATION CODE" button.

NPPES MFA Verification

- After the code is sent, the user must select the device type.
- **VERIFY CODE** is selected.

Public Device – MFA code will only verify access for that **ONE** session.

Private Device – the system will install a cookie on the device, & the MFA is good for **24 hours**.



The screenshot shows a web-based MFA verification interface. At the top left is a green shield icon with a white padlock. The title is "Multi-Factor Authentication (MFA)". Below the title, there are several sections:

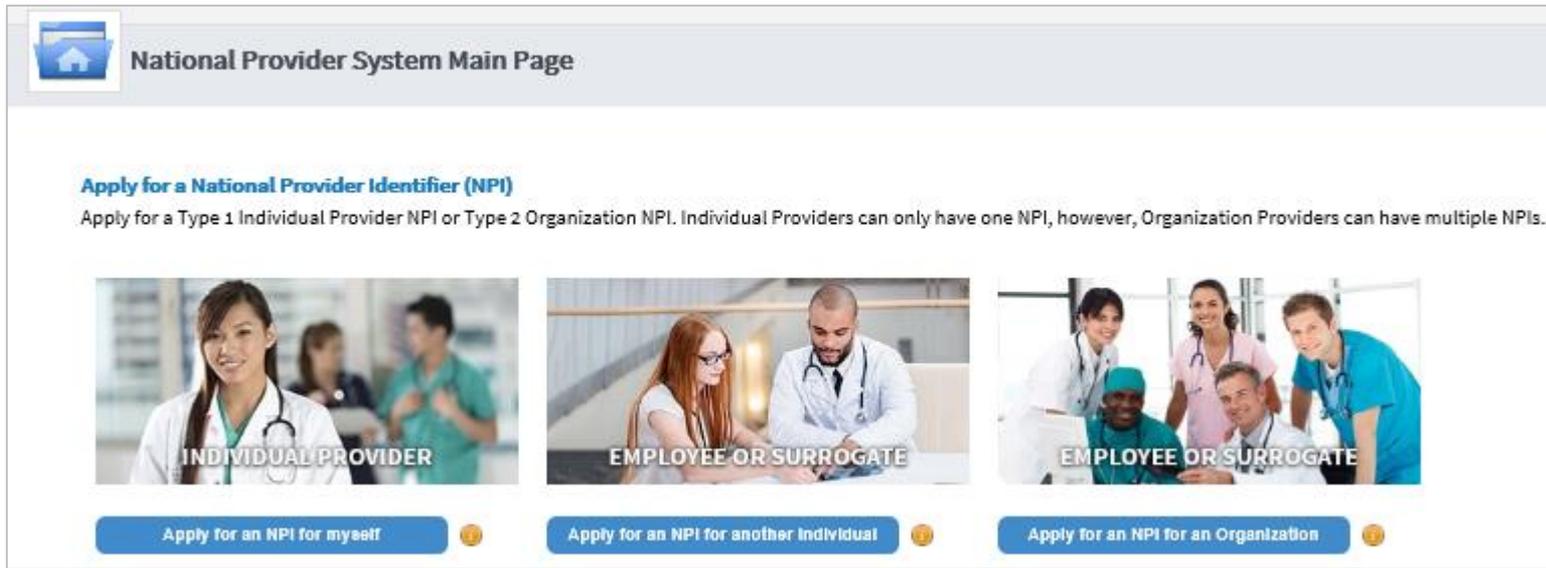
- A note: "* Indicates Required fields."
- A section titled "* Select where you wish to receive your verification code:" with a radio button selected for "Primary Authentication Method: Email Address: m*****@tpgsi.com".
- A link: "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)".
- A section titled "* Are you logging in to the system on a Public or Private device?" with two radio buttons: "Public Device" (selected) and "Private Device".
- A section titled "* Enter Code:" with a text input field containing the number "388792".
- A link: "Haven't received the code yet or need a new code?" with a blue button labeled "SEND NEW CODE".
- At the bottom, there are two buttons: a red "CANCEL" button and a blue "VERIFY CODE" button.

Initial Application for Myself – Type 1



Initial Application - Myself

- Upon logging in with the I&A established User ID and password, the user can select **Apply for an NPI for myself**.



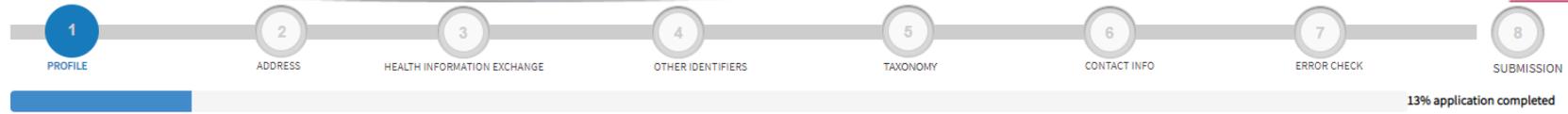
The screenshot shows the 'National Provider System Main Page'. At the top left is a home icon. The main heading is 'Apply for a National Provider Identifier (NPI)'. Below this is a sub-heading 'Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.' There are three main sections, each with an image and a button: 1. 'INDIVIDUAL PROVIDER' with a photo of a female doctor and a button 'Apply for an NPI for myself'. 2. 'EMPLOYEE OR SURROGATE' with a photo of a doctor and a patient and a button 'Apply for an NPI for another Individual'. 3. 'EMPLOYEE OR SURROGATE' with a photo of a group of healthcare workers and a button 'Apply for an NPI for an Organization'. A red arrow points to the first button.

Initial Application – Provider Profile



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Provider Profile

* Indicates Required fields.

Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix: First: Middle: Last: Suffix:

Type of Other Name: Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: * TIN Type: * Tax Identification Number(TIN):

* State of Birth:(If U.S.) Country of Birth:

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Choose YES for Sole Proprietor

Initial Application - Provider Profile



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Tip: Once a radio button is selected, it can be changed; however the selection cannot be removed completely.

Provider Profile – Optional Information

Demographic Information(optional)

Ethnicity:

No, not of Hispanic, Latino/a or Spanish Origin

Yes, Hispanic, Latino/a or Spanish Origin

Race:

White

Black or African American

American Indian or Alaska Native

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Native Hawaiian or other Pacific Islander

Primary Language Spoken:

English
Arabic/ العربية
Armenian/ Հայերեն
Bengali/ বাংলা
Chinese/ 中文

Secondary Language(s) Spoken: (Multiple languages can be selected)

English
Arabic/ العربية
Armenian/ Հայերեն
Bengali/ বাংলা
Chinese/ 中文

Application Progression

- Applications are **not** required to be completed in one sitting. Users can save information and come back to it at a later point.
- On any page, the **SAVE & RETURN TO MAIN PAGE** may be utilized to save the application progress.

Warning

The data you entered has not been submitted.

Select "Save Progress" to save your data without submitting the application.

Select "Complete NPI Application" to finalize and submit your application/updates.

Warning:

You have 30 days to submit your saved data before the request is considered abandoned and the saved data is discarded.

Application Progression

- To return in an application that is in progress, select the pencil icon to return to the page that was last completed in that application.

 National Provider System Main Page

[Apply for a National Provider Identifier \(NPI\)](#)
Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.



INDIVIDUAL PROVIDER

Apply for an NPI for myself 



EMPLOYEE OR SURROGATE

Apply for an NPI for another Individual 



EMPLOYEE OR SURROGATE

Apply for an NPI for an Organization 

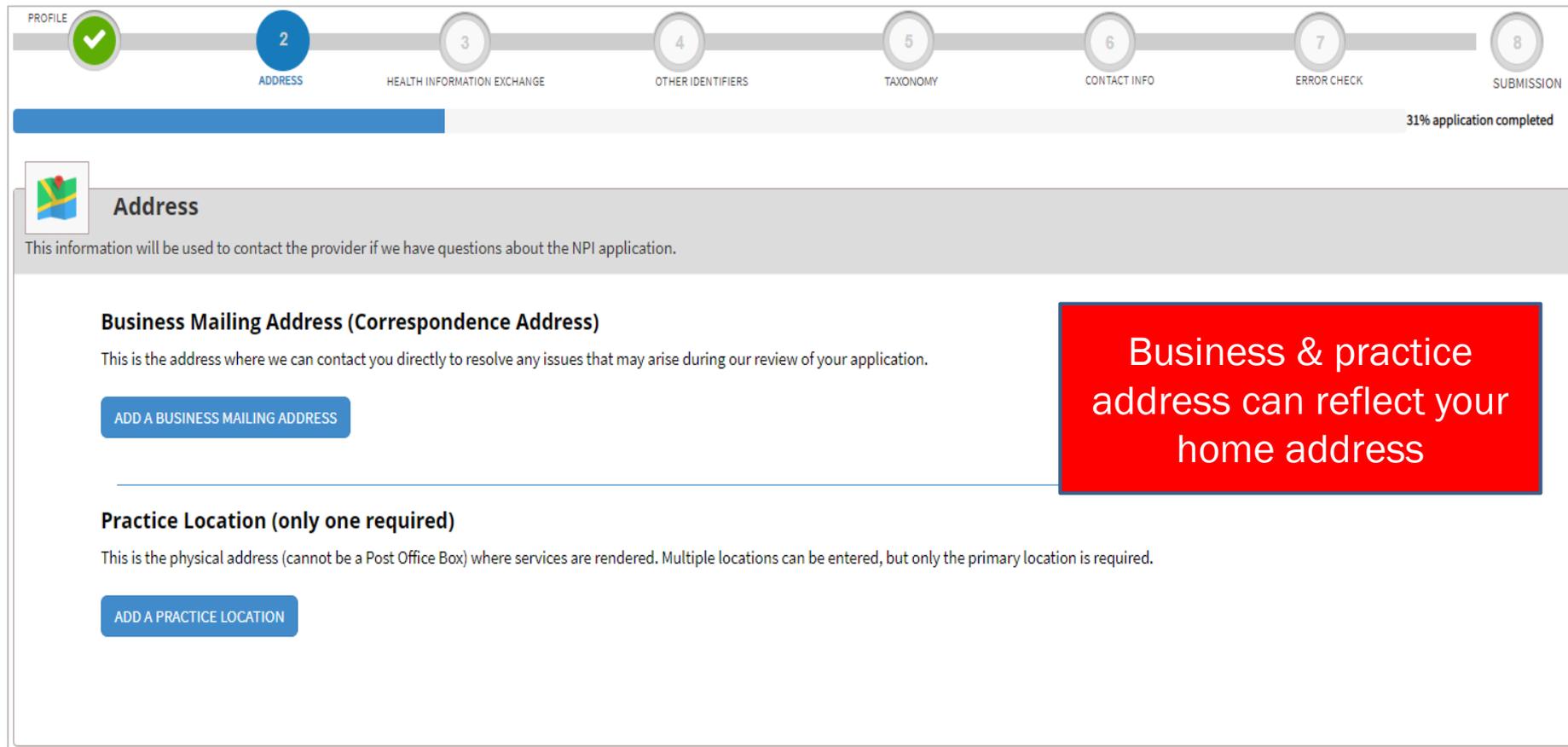
Manage Provider Information
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the  icon to expand the provider and view all NPIs associated with the provider.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	XXX-XX-3214	Jones, Henry				In Progress	   

Initial Application - Address

- Users must provide both a **Business Mailing Address** and, at minimum, one **Practice Location**.



The screenshot displays a progress bar at the top with eight steps: 1. PROFILE (checked), 2. ADDRESS (active), 3. HEALTH INFORMATION EXCHANGE, 4. OTHER IDENTIFIERS, 5. TAXONOMY, 6. CONTACT INFO, 7. ERROR CHECK, and 8. SUBMISSION. A progress indicator shows 31% of the application completed.

Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)
This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

[ADD A BUSINESS MAILING ADDRESS](#)

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

[ADD A PRACTICE LOCATION](#)

Business & practice address can reflect your home address

Business Mailing Address



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Business Mailing Address (Correspondence Address)
This is the address where we can contact you directly to resolve any issues that may arise during our review of your application

* Indicates Required fields.
Select Type of Address:
 US Domestic Military Outside US / Foreign

This is my home address

* Mailing Address Line 1: (Street Number and Name or Post Office Box)

Mailing Address Line 2: (e.g., Apartment/Suite Number)

* City: * State: * Zip Code: Zip Ext:

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

US Domestic

CANCEL SAVE

Business Mailing Address (Correspondence Address)
This is the address where we can contact you directly to resolve any issues that may arise during our review of your application

* Indicates Required fields.
Select Type of Address:
 US Domestic Military Outside US / Foreign

This is my home address

* Mailing Address Line 1: (Street Number and Name)

Mailing Address Line 2: (e.g., Apartment/Suite Number)

* City: * Foreign Province or Territory: * Foreign Postal Code:

* Country:

Outside US / Foreign

CANCEL SAVE

Business Mailing Address (Correspondence Address)
This is the address where we can contact you directly to resolve any issues that may arise during our review of your application

* Indicates Required fields.
Select Type of Address:
 US Domestic Military Outside US / Foreign

This is my home address

* Mailing Address Line 1: (e.g., PSC, Ship Name)

Mailing Address Line 2: (e.g., CVN, Box Number, Unit Number)

* City: * State: * Zip Code: Zip Extension:

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

Military

CANCEL SAVE

- Users must select the type of address that will populate the required fields for the Business Mailing Address.
 - US Domestic
 - Military
 - Outside US / Foreign
- Additional checkbox to indicate: **'This is my home address'**

Business Mailing Address Verification

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g., Apartment/Suite Number)

* City: * State: * Zip Code: Zip Ext:

Organization Name(Optional)

* Tell us why you don't want to use the standardized address(shown to your right)

Your standardized address:

300 45th St S
Fargo, ND 58103-1189

Tell us why you don't want to use the standardized address(shown to your right)

Select

- Incorrect Street address (e.g: Street instead of BLVD)
- Incorrect City
- Incorrect State
- Incorrect Zip Code
- Incorrect PO Box
- Other: This will allow users to enter comments

- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.
- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.
- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

Business Practice Location



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Business Practice Location

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

* Indicates Required fields.

Select Type of Address: US Domestic Military Outside US / Foreign

Same as mailing address

This is my home address

Primary practice location

US Domestic

* Address Line 1: (Street Number and Name)

* Telephone Number:

Extension:

Fax Number:

Address Line 2: (e.g. Suite Number)

* City:

* State:

* Zip Code:

Zip Ext:

Languages Spoken: (Multiple languages can be selected)

- English
- Arabic/ العربية
- Armenian/ Հայերեն
- Bengali/ বাংলা
- Chinese/ 中文

Organization Name(Optional):

Office Hours:

<input type="checkbox"/> Apply to all	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	OPEN	OPEN	OPEN	OPEN	OPEN	CLOSE	CLOSE
<input type="checkbox"/>	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
<input type="checkbox"/>	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

Optional Information

Is this office accessible to individuals with mobility disabilities? Yes No

Does this office have exam rooms accessible to individuals with mobility disabilities? Yes No

Does this office have medical equipment accessible to individuals with mobility disabilities? Yes No

CANCEL SAVE

Business Practice Location Verification



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Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

* Address Line 1: (Street Number and Name)

100 Universal City Plaza

Address Line 2: (e.g., Apartment/Suite Number)

* City: * State: * Zip Code Zip Ext:

Universal City

CA - CALIFORNIA

91608

Organization Name (Optional):

* Tell us why you don't want to use the standardized address(shown to your right)

Select

USE INPUT ADDRESS

REVALIDATE ADDRESS

Your standardized address:

100 Universal City Plz

Universal City, CA 91608-1002

ACCEPT STANDARDIZED ADDRESS

- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.
- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.
- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

- Once additional practice location(s) are added, the user must select one practice location as a **Primary Location**.

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

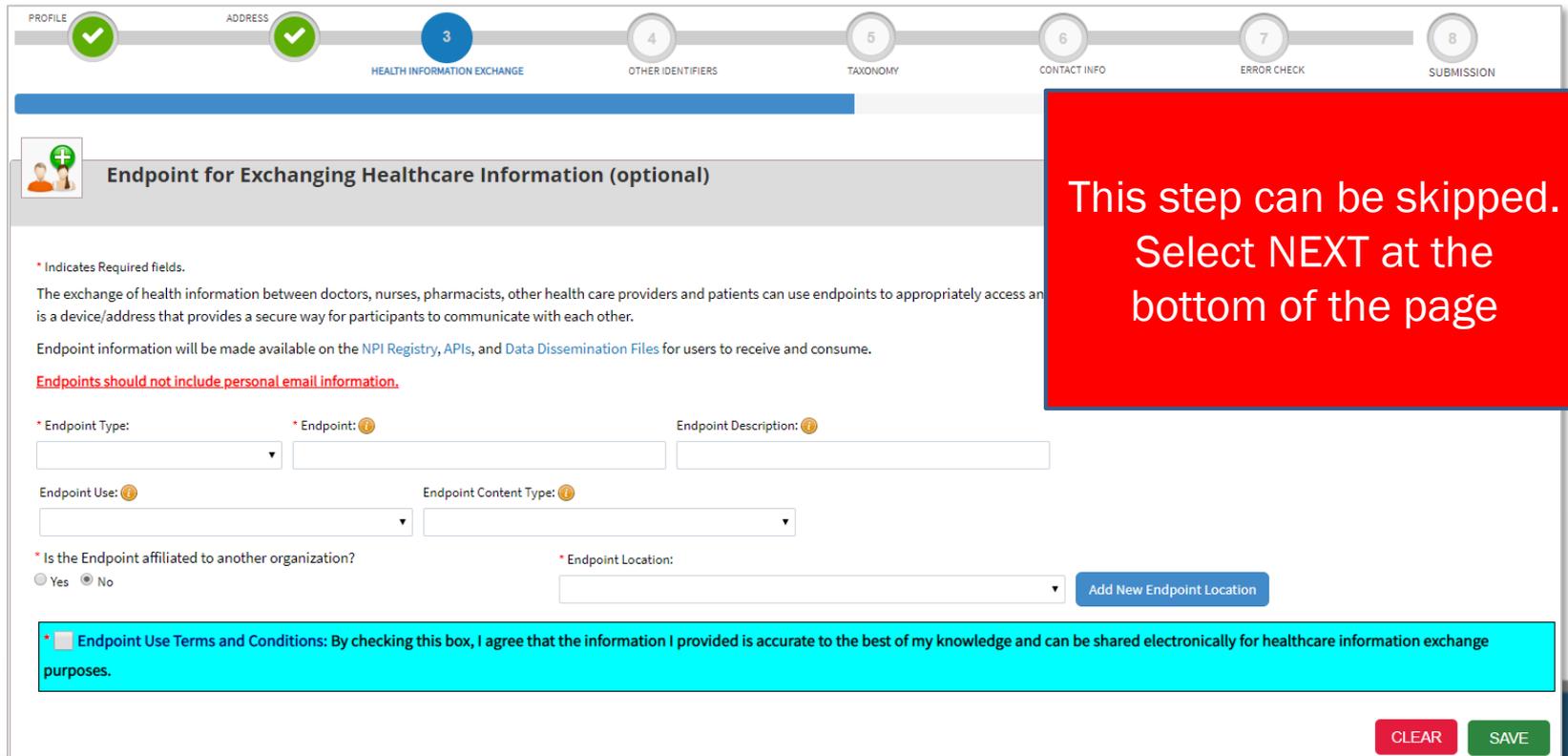


Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input type="checkbox"/>	300 45th St S Ste 318	Fargo	ND	US			 
<input checked="" type="checkbox"/>	350 5th Ave	New York	NY	US			 
<input type="checkbox"/>	233 S Wacker Dr	Chicago	IL	US			 
<input type="checkbox"/>	100 Universal City Plz	Universal City	CA	US			 

- The pencil or trash can be utilized at any point to edit or delete information that has been entered on the application.

Health Information Exchange - Endpoints

- Endpoints may be associated with an NPI.
 - Endpoints provide a simple and secure way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet.
 - Can be used to exchange health information between health care entities (primary care physicians, specialists, hospitals, labs, etc.).



PROFILE ADDRESS **3 HEALTH INFORMATION EXCHANGE** 4 OTHER IDENTIFIERS 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.
The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and is a device/address that provides a secure way for participants to communicate with each other.
Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.
Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No * Endpoint Location:

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

Other Identifiers (Optional)

- Other Identifiers listed on this page will associate other provider identifiers with the NPI.
 - Medicaid & any non-Medicare numbers

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE **OTHER IDENTIFIERS** TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION

63% application completed

Other Identifiers (optional)
Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

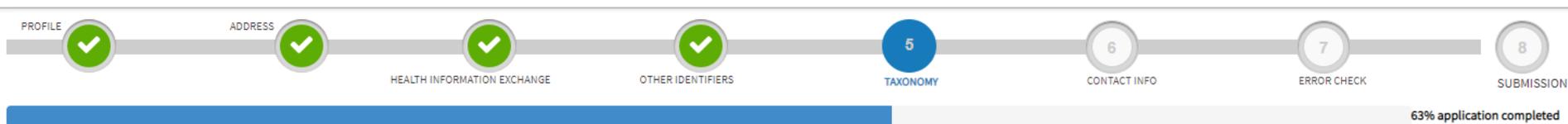
Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number.

* **Issuer:**

* **Identification Number: (DO NOT ENTER SSN, ITIN OR EIN)** **State Issued: (if applicable)**

- Select issuer type from the **Issuer:** drop-down menu.
- Input the issuer **Identification Number:**
- Input the applicable **State Issued:**

Issuer ▲	Other Issuer	State Issued	Identification Number
Medicaid		DC	236
Other	BCBS		568946544
Other	Health Partners		5874



Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

We recommend you choose taxonomy code 3747P1801X, then click SAVE

Choose Taxonomy Filter: **Q**

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy

* Classification Name/Specialization:

License Number:

State Issued:

CLEAR

SAVE

Health Care Provider Taxonomy Code Set

Personal Care Attendant

Code	3747P1801X
Name	Personal Care Attendant
Definition	An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished, or essential to the health and welfare of the individual may also be provided. Personal care providers must meet state defined training and certification standards
Notes	[7/1/2003: definition added]
Effective Date	4/1/2002
Last Modified Date	7/1/2003

Taxonomy

- At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.

*****15 Taxonomy Codes may be listed at MAX****

- All taxonomy codes available within the NPPES system may be found in the **Choose Taxonomy:** dropdown.

Select "Not a group",
enter code
3747P1801X in the
filter, click SAVE

Choose Taxonomy
101Y00000X - Counselor
101YA0400X - Counselor - Addiction (Substance Use Disorder)
101YM0800X - Counselor - Mental Health
101YP1600X - Counselor - Pastoral
101YP2500X - Counselor - Professional
101YS0200X - Counselor - School
102L00000X - Psychoanalyst
102X00000X - Poetry Therapist
103G00000X - Clinical Neuropsychologist
103K00000X - Behavioral Analyst
103T00000X - Psychologist
103TA0400X - Psychologist - Addiction (Substance Use Disorder)
103TA0700X - Psychologist - Adult Development & Aging
103TB0200X - Psychologist - Cognitive & Behavioral
103TC0700X - Psychologist - Clinical
103TC1900X - Psychologist - Counseling
103TC2200X - Psychologist - Clinical Child & Adolescent
103TE1100X - Psychologist - Exercise & Sports
103TF0000X - Psychologist - Family

- The **Choose Taxonomy Filter** can also be utilized to filter by taxonomy name or taxonomy code.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

* Practice Type: Not a Group Multi-Specialty Single Specialty Multiple Single Specialty

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

License Number:

State Issued:

Taxonomy

- Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the **Primary Taxonomy**.
 - Select the checkbox to the left of the applicable taxonomy code.

Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
<input type="checkbox"/>	103TF0000X	Psychologist - Family		1234	LA
<input type="checkbox"/>	101Y00000X	Counselor			LA
<input type="checkbox"/>	103TS0200X	Psychologist - School		507450A	AL

Examples ONLY

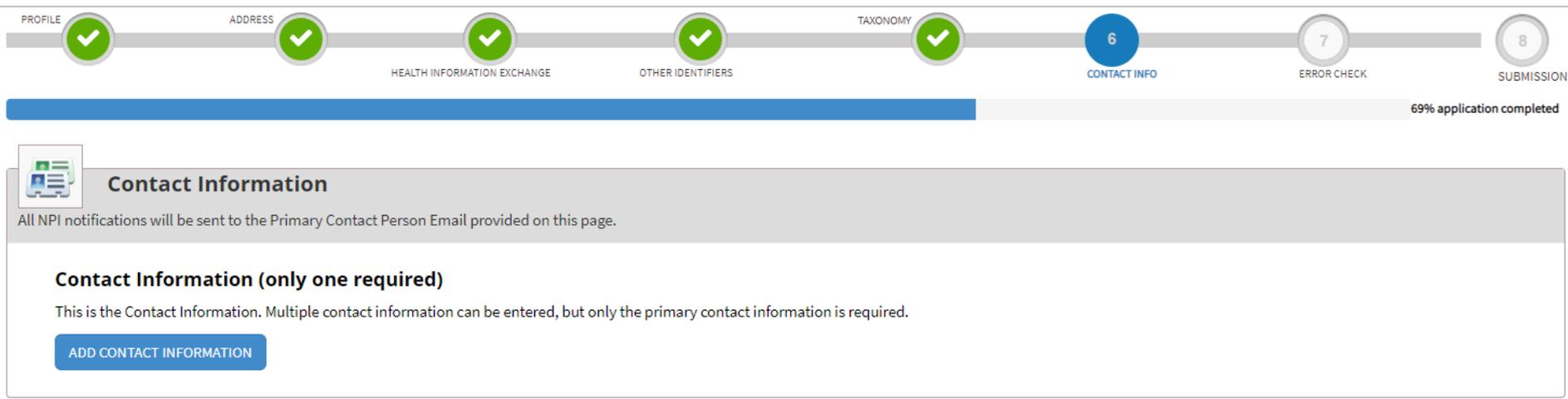
We recommend you choose taxonomy code 3747P1801X,

- If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the **Primary Taxonomy**.

Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input checked="" type="checkbox"/>	122300000X	Dentist		29049	NY	

Contact Information

- Contact Person Information can be:
 - **Provider** – info will auto-fill from Provider Profile page
 - **2nd individual** – should be knowledgeable of NPPES/NPI
- This is where the NPI will be sent when it is enumerated & also who will be contacted if verification is needed when processing the application.
- Information is hidden from the NPI Registry.



The screenshot shows a progress bar with eight steps: PROFILE, ADDRESS, HEALTH INFORMATION EXCHANGE, OTHER IDENTIFIERS, TAXONOMY, CONTACT INFO, ERROR CHECK, and SUBMISSION. Steps 1-5 are completed with green checkmarks. Step 6, CONTACT INFO, is the current step, indicated by a blue circle with the number 6. Steps 7 and 8 are greyed out. A blue progress bar below the steps shows that 69% of the application is completed.

Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

[ADD CONTACT INFORMATION](#)

Contact Information



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Software Services Company™



Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

Primary Contact Information

Contact Person is same as Myself ([Henry Jones](#))

Prefix: * First: Middle: * Last: Suffix:
Miss ▼ Mary Shelly

Credential(s):(MD, DO, etc.) Title/Position:
 Office Assistant

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:
(654) 897-4521 Mary.Shelly@email.com

CANCEL

SAVE

Contact Information

- Multiple Contact People can be added by selecting the **ADD ANOTHER CONTACT** button on the Contact Information page.
 - One Contact Person must be selected as the **Primary Contact**.



Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Adding an additional contact person is NOT required

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Filter... 

Primary Contact ▲	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email
<input checked="" type="checkbox"/>	Mary Shelly		Office Assistant	6548974521	Mary.Shelly@email.com
<input type="checkbox"/>	Fred Flinstone		Office Lead	5649873210	FredandWilma@email.com

Navigation: |< < 1 / 1 > > 5 items per page 1 of 2 items

ADD ANOTHER CONTACT

Error Check – No Errors



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94% application completed



Error Check

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile



COMPLETED: Profile
No Errors Found

REVIEW

Step 2: Address



COMPLETED: Address
No Errors Found

REVIEW

Step 3: Health Information Exchange



COMPLETED: Health Information Exchange
No Errors Found

REVIEW

Step 4: Other Identifiers



COMPLETED: Other Identifiers
No Errors Found

REVIEW

Step 5: Taxonomy



COMPLETED: Taxonomy
No Errors Found

REVIEW

Step 6: Contact Information



COMPLETED: Contact Information
No Errors Found

REVIEW

Submission Certification



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PROFILE



ADDRESS



HEALTH INFORMATION EXCHANGE



OTHER IDENTIFIERS

TAXONOMY



CONTACT INFO



ERROR CHECK



8

SUBMISSION

94% application completed



Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the [NPI](#) Enumerator of this fact immediately.
- I authorize the [NPI](#) Enumerator to verify the information contained herein. I agree to keep the NPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the [NPI](#) Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at [45 CFR § 160.103](#).

← PREVIOUS

SUBMIT

SAVE & RETURN TO MAIN PAGE

Submission Confirmation



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Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is : 04082019910234**



You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](#).

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: Henry Jones

Contact Person: Mary Shelly

Primary Practice Location Address: 100 Universal City Plz, Universal City CA 91608-1002, US

SSN: XXX-XX-3214

Date Submitted: Apr-08-2019

Contact Email: Mary.Shelly@email.com

To print this page for your reference, click:

PRINT THIS PAGE

Please Note: This page printout may contain sensitive information.

To View or print this application click:

VIEW PRINTER FRIENDLY VERSION OF APPLICATION



NPI Enumerator Contact Information

By phone:

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326(NPI TTY)

By e-mail: at customerservice@npienumerator.com

By mail at:

NPI Enumerator

PO BOX 6059

Fargo, ND 58108-6059

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to <https://nppes.cms.gov>. The provider and contact person listed were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: 09132019997603

If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: Kelly Smith

Primary Contact Person: Mary Shelly

Primary Practice Location Address: 100 Universal City Plz Universal City, CA 91608-1002 United States

SSN: XXX-XX-6547

Date Submitted: Sep-13-2019

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu at <https://nppes.cms.cmstest/webhelp/nppeshelp>.

NPI Enumerator Contact Information

By phone:

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326(NPI TTY)

By e-mail: at customerservice@npienumerator.com

By mail at:

NPI Enumerator

PO BOX 6059

Fargo, ND 58108-6059

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.