APPLYING FOR NPI

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	web news maps	s Snopping images	s more + Search tools		Step 1: Search "NPI Registration"	*
	About 775,000 results (0.3	9 seconds)			click the link	
	NPI Registry Sear	ch Home	Health and Human Seni	L		
	The NPI Registry enables	you to search for a provider's	NPPES information.			
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he Administrative S	implification provisions of the	Health Insurance Portability	and Accountability Act of 1996 ((HIPAA) mandated the	adoption of standard unique identifiers for health care providers and he dicare & Medicaid Services (CMS) has developed the National Plan a	alth plans. The purpo
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ione or	not match either	description above, pleas	e review the Frequently Asked Ques	stions (FAQ) below a	nd/or contact your



Registry The NPI Registry enables you to search for a provider's NPPES information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination I Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business N is no charge to use the NPI Registry.

neration System

Welcome to the National Provider System

User Name: lisa parra

You do not have an individual (Type 1) NPI. Click the Submit New NPI Application button to begin the process.

NPI Options: Submit new NPI, Generate NPI Assignment Notification and View the NPI record in a single page view.	Account Options: Update your account in the Identity & Access (I&A) Management System. You will be navigated to the I&A Management System, which will require you to sign in with I&A User ID and password. Upon successful login, you will be navigated to the appropriate page.
New NPI Application	D O O O O
Apply for an NPI	lew NPI Application
Send E-mail Notification	Change Bacoword
Send NPI Assignment Notification to the Contact Person e- mail address	Update the Password
View Printer Friendly Application	Change Security Question/Answer
View the NPI record in a single page	Update the Security Questions and Answers

Revised 5/9/14

4 Brouider Taxanamy and a can be obtained from http	(huuu waa adi aam/adaatayaaamy		
Online Help is available from each page of the Applic	ation / Update Form by clicking "Help" at the top right of the pag	e.	
If you need additional help or have any questions cor	cerning your application, contact the NPI Enumerator.		
NPI Enumerator Contact Information By phone: 1-800-465-3203 (NPI Toil-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	
Step 2: Read the information below. You must agree to the terms below when yo	u submit your application:		
I have read the contents of the application and the info Enumerator immediately.	ormation contained herein is true, correct, and complete. If I bec	ome aware that any information in this application is not true, correct, or complete, I agree to	notify the NPI
I authorize the NPI Enumerator to verify the information	n contained herein. I agree to keep the NPPES updated with a	This will automatically come up.	ange.
I understand that the information provided in this appli	cation may be used by other agencies in accordance with prive	into the deconduction y come up,	
I have read and understand the Privacy Act Statement		click submit New NPI Application	
I have read and understand the Penalties for Falsifyin	ng Information on the NPI Application / Update Form is stated	in this application. I am aware that falsifying information will result in fines and/or imprisonmer	nt.
Penalties for Falsifying Information on the NPI Applica 18 U.S.C. 1001 authorizes criminal penalties against ar- or device a material fact, or makes any false, futtious offenders are subject to fines of up to \$250,000 and im derived by the offender if it is greater than the amount	tion / Update Form: an individual who in any matter within the jurisdution of any depa or fraudulent statements or representations or makes any false prisonment for up to five years. Offenders that are organizations specifically authorized by the sentencin constitute.	rtment or agency of the United States knowingly or willfully falsifies, conceals, or covers up by writing or document knowing the same to contain any false, fictitious or fraudulent statement are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice t	/ any trick, scheme or entry. Individual :he gross gain
Step 3: Begin online application.	Submit New NPI Application		I
4			•

Application Sections			NPI Application Form	- Provider Profile		
> Provider Profile	Note: The name, date of birth and soc Identity and Access (I&A) Manageme	cial security number fields w nt system to update your pr	II not be editable until the NPI ofile.	applications is enumera	ated. To update these fields, logoff the NPPES system and log in to	
> Mailing Address	Provider Name Information:				* Indicates Required Field	
> Practice Location	Destin * First	Middle	* Last:	C. F.		
> Other Identifiers		Widdle.	Last.			
> Taxonomy	Credential(s): (M.D., D.O, etc.)					
> Contact Person	Other Name: (if applicable)					
> Certification	Prefix: First:	Middle:	Last:	Suffix:		
	Credential(s): (M.D., D.O, etc.)	Type of Other Name:				
	Other Identifying Information: * Date of Birth: (<i>MMDD/YYYY</i>) State of Birth: (* If U.S.)	* Social Se * Country o	curity Number: (<i>Without Dashe</i>	s) •	Complete with YOUR informa (* only fields necessary), an then click next	tion nd
	* Gender: () * Is the Provider a Sole Proprietor? ()	Male Female Yes No	Next			

		Ni TApplication Form - Dusiness Malini	g Address
Maiing Address Practice Location Other Identifiers			
Practice Location	If your address is outside the U.S., click here:	Address	
Othor Idontifians	If your address is military address, click here: 📮 Military	Address	
ouler menulers			* Indicates Required Field
Faxonomy	Domestic Business Mailing Address Information		
Contact Person	* Address Line 1: (Street Number and Name)		
Certification	9015 Murray Ave		
	Address Line 2: (e.g. Suite Number)		
	Suite 100	***	You will enter the following Busines
	City: State:	✓ 2ip + 4	Mailing Address:
	Country: United States ▼ Phone Number: Extension: (Without Dashes) (Without Dashes) 4086654908 4088420383	P =	9015 Murray Avenue Gilroy, Ca 95020 United States Phone: 408-842-7138
		Previous Next >	**We have you put the company information, because this info is
			accessible to the public. This way
Application Sections			not just anyone can see where
> Provider Profile	NP	I Application Form - Business Mailing Address	you live, or have your personal
Maiing Address	In order to ensure the optimum performance of the National P information again in the future and to ensure that we do not h	Provider System, we standardize all addresses; for ex ave duplicate entries where they should not occur.	^{ar} information.
> Practice Location	Your standardized address is:		
> Other Identifiers	9015 Murray Ave Suite 100		
> Taxonomy	Gilroy CA 95020 - 3617		
> Contact Person			
> Certification	Accept the standardized address.		
	 Reject the standardized address and keep your input as Note: Rejecting standardized address will delay enumera 	is. tion	
	3) Modify your input in the boxes below and submit for reval	idation.	
	* Address Line 1: (Street Number and Name)	9015 Murray Ave	* Indicates Required Field
		Suite 100	
	Address Line 2: (e.g. Suite Number)		
	Address Line 2: (e.g. Suite Number) * City, State, Zip:	Gilroy CA - CA	ALIFORNIA • 95020 -

lational Plan & Provider Enumeration	System	Logoff
Application Sections	NPI Application Form - Business Practice Location	n Address
> Provider Profile		
> Mailing Address	If your address is outside the U.S., click here:	
> Practice Location	If your address is military address, click here:	
> Other Identifiers		* Indicates Required Field
> Taxonomy	Domestic Business Practice Location Address Information	
> Contact Person	If the Business Practice Location Address is the same as the Business Mailing Address, click here:	
> Certification	Same As Business Mailing Address	Click "Same as
	If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:	Business Mailing
	* Address Line 1: (Street Number and Name)	Dusiness wialling
		Address"
	Address Line 2: (e.g. Suite Number)	
	* City: * State: * Zip + 4	
	Country:	
	* Phone Number: Extension: Fax Number: (Without Dashes) (Without Dashes)	



ation Sections			NPI Applic	ation Form - Other Identifica	ation Numbers	
ovider Profile						
ailing Address	Please Enter All Other F	Provider Identifiers (Medic	care UPIN, Medicare PIN, M	edicare OSCAR/Certification, M	edicare NSC, Medicaid, and Othe	er):
actice Location	obtain them. DO NOT rep	I be of use in matching y port the Social Security N	our NPI record to insurers' re lumber (SSN) or IRS Individu	cords so you can continue to b al Taxpayer Identification Numb	e recognized by insurers. If you d per (ITIN) in this section.	fon't have such numbers, you are not re
ther Identifiers						
axonomy	Add Identifier					
ontact Person	Select All	Clear Selected	Delete			
ertification	lss	uer	Number	State	Issuer	
	Note: Please use the Pr	revious and Next buttons	to navigate between the pay	ges in the application.	Click "Next"	
##NPPE	Note: Please use the Pi	revious and Next buttons	to navigate between the pay	ges in the application.	Click "Next"	
VPPPE Vational Plan & Provider Enumeration	Note: Please use the Pr	revious and Next buttons	to navigate between the pa	ges in the application.	Click "Next"	Logof
Application Sections	Note: Please use the Pr	revious and Next buttons	to navigate between the pay	pes in the application.	Click "Next"	Logof
Application Sections Provider Profile	Note: Please use the Pr System Please Enter Provider Tr	revious and Next buttons	to navigate between the pay NPI Application	ges in the application.	Click "Next"	Logof
Application Sections Provider Profile Mailing Address	Note: Please use the Pr	revious and Next buttons	NPI Application	pes in the application.	Click "Next"	Logof * At least one taxonomy is r
Application Sections Provider Profile Mailing Address Practice Location	Note: Please use the Pr S in System Please Enter Provider T: NOTE: DO NOT report th	revious and Next buttons axonomy (Provider Type/S ne Social Security Number	to navigate between the pay NPI Applicatio specialty): r (SSN), IRS Individual Taxpay	ges in the application. on Form - Taxonomy / License er Identification Number (ITIN) in t	Click "Next"	Logof * At least one taxonomy is n
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National Plan & Provider Enumeration System			Logoff Hel
Application Sections		NPI Application Form - Select Individual Taxonomy Page 1	of 2
> Provider Profile			
Mailing Address	Please Select Provider Type Code:		
> Practice Location		20 Allonathic & Octoonathic Physicians	
> Other Identifiers		10 Behavioral Health & Social Service Providers	Î
> Taxonomy		12 Dental Providers 13 Dietary & Nutritional Service Providers 14 Energeneux Medical Service Providers	
> Contact Person		15 Eye and Vision Services Providers	~
> Certification			

Previous

Note: 1. The Provider Type Code is the first two digits of the taxonomy number. 2. A complete listing of provider taxonomy codes can be obtained from http://www.wpc-edi.com/codes/taxonomy. 3. Please use the Previous and Next buttons to navigate between the pages in the application.

Scroll down and select the provider type 10 Behavioral Health & Social Service Providers (Therapist/ASW/Licensures) 17 Other (case managers)

-	em		Logoff				
tion Sections	NPI Application Form - Select Taxonomy Page 2						
vider Profile	You have selected Provider Type: 17 Other Service Providers						
ling Address	Please Continue Your Taxonomy Selection:						
ctice Location	Classification Name - Area of Specialization						
er Identifiers	1/1100000X - Acupuncturist - 171M00000X - Case Manager/Care Coordinator -	specialization then					
	174V00000X - Clinical Ethicist - 172V00000X - Community Health Worker -	174V00000X - Clinical Ethicist - 172V00000X - Community Health Worker -					
conomy	171W00000X - Contractor - 171WH0202X - Contractor - Home Modifications						
itact Person	171WV0202X - Contractor - Vehicle Modifications						
tification	Diana Enter Very State Lineare Information Fee Very Terranemy Selection						
	Prease Enter Four State Eldense mornation For Four Faxonomy Selection.						
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				Here you will enter the following contact		
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	To use the mailing phone or practice phone for the contact, click one of the following:		e of the following:	Silvia Altamirano		
			ле	Billing Manager		
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	* Contact Parson E mail:	* Potypo Contact Porco	n E mail:	Silvia.Altamirano@communitysolutions.org		
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# NPPES					
National Plan & Provider Enumeration	on System	Logoff H			
	Th	ank you. Your application will be processed.			
Application processing time	es may vary based on current inventories. If you have any ques please cont	stions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, act the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).			
Provider Name: Your tracking number is:	lisa parra 04292014787028				
	Please	e provide this tracking number on all correspondence.			
Please print this page for your records.					
View Printer Friendly Application					
Clicking this button will allow you to view and print the information furnished on your application. Please Note: This page/printout may contain sensitive information.					
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			
For your reference, please print this page by clicking the Print icon, located in your browser's toolbar.					

You have now finished applying for your NPI!

This is your confirmation. Please print it out.

The agency will receive the NPI and have it for you, this can take anywhere from 5 minutes to 20 days after your application is completed.

Thank you for taking the time to apply, we will be in touch.