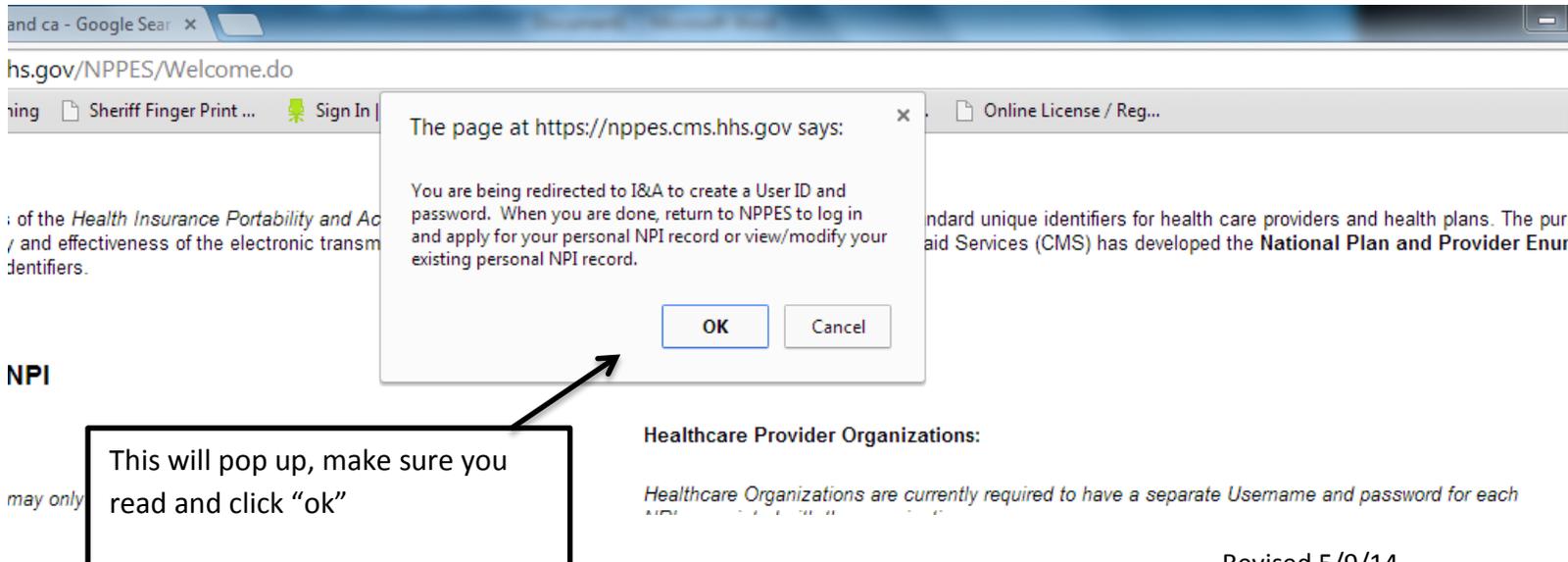
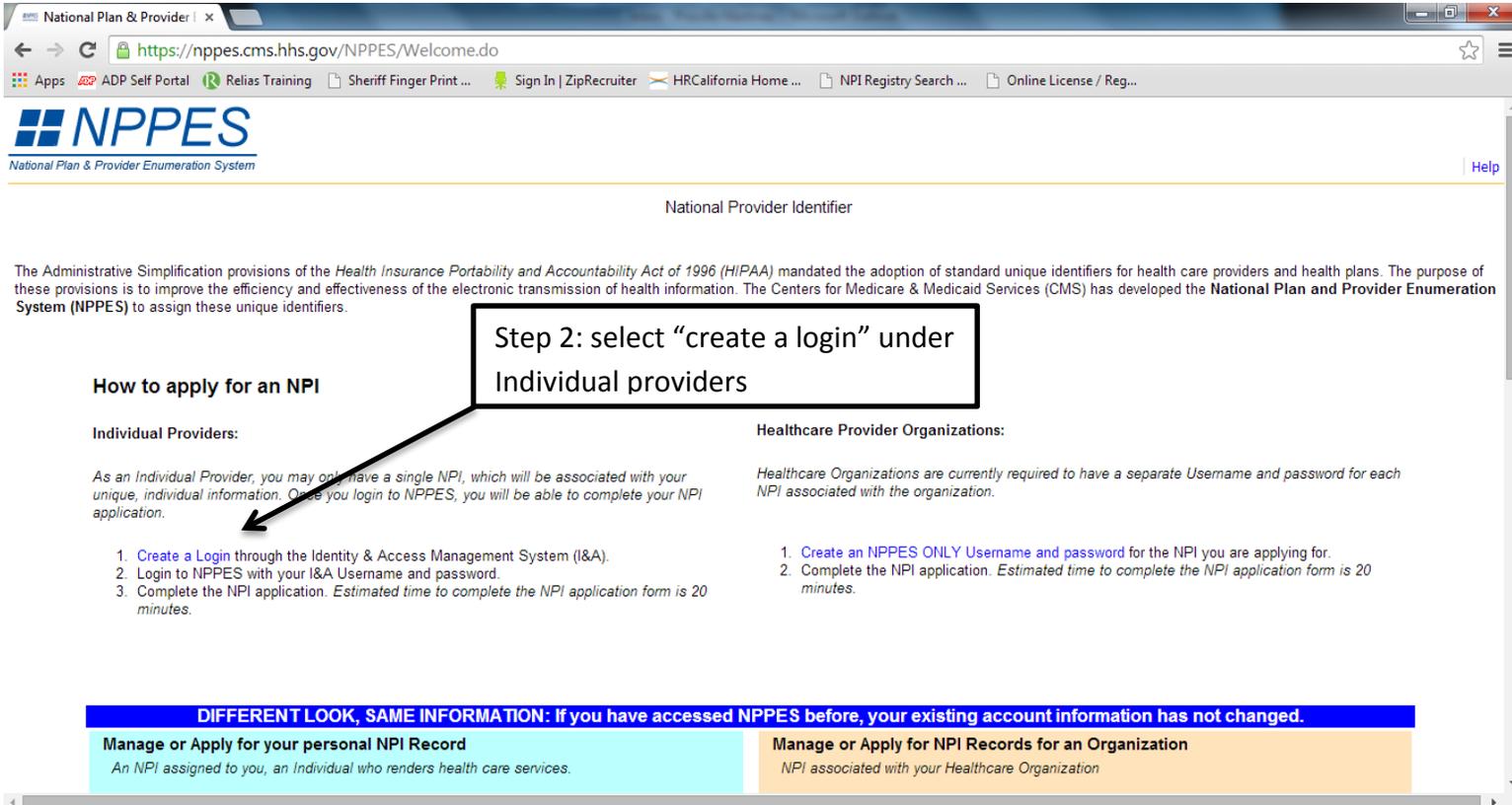
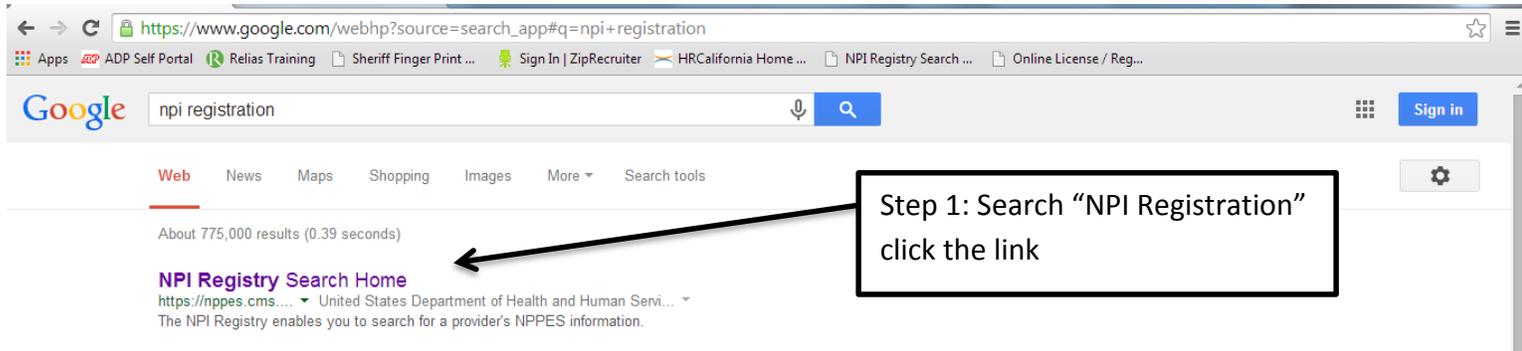


APPLYING FOR NPI



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.

Accept Decline

Click Accept

User Registration

* indicates required field(s)

Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

* E-mail Address:

* Confirm E-mail Address:



Listen to audio

* Enter the text from the image above:



Quick Reference Guide

Overview of features and tools to manage your account.



Frequently Asked Questions

Answers to common questions about registration, who should register, and how to create an account.



Create an Account

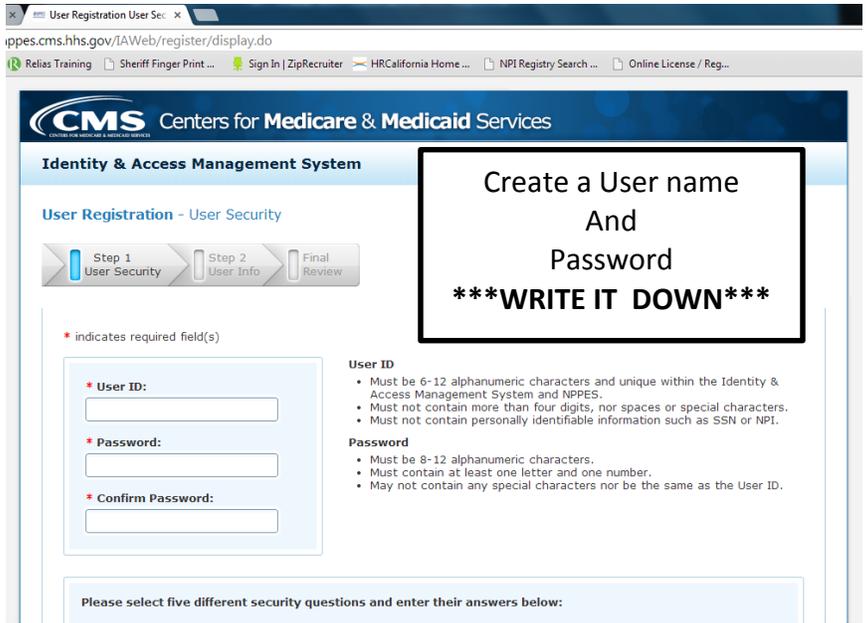
Video on how to create an account if you are an individual provider, an Authorized or Delegated Official for your organization or to work on behalf of providers.



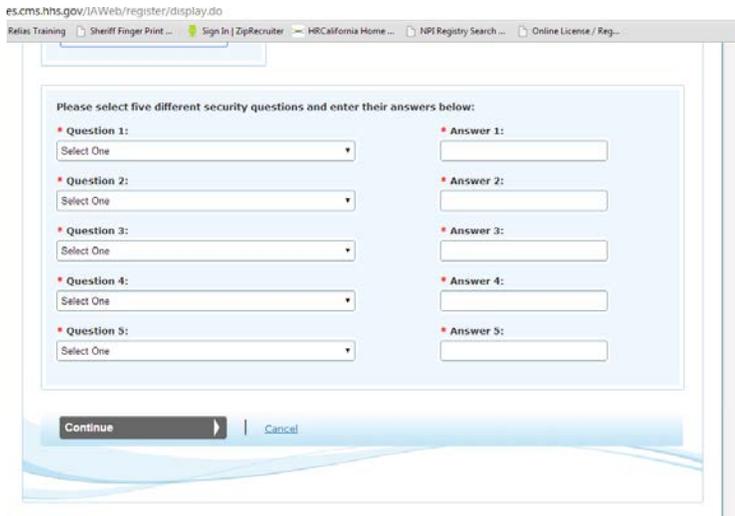
Video: How to register as an Authorized Official for your Organization

Video on how to register with CMS as an Authorized or Delegated Official.

Use your personal email, as it states this will be the email they may contact you about your account

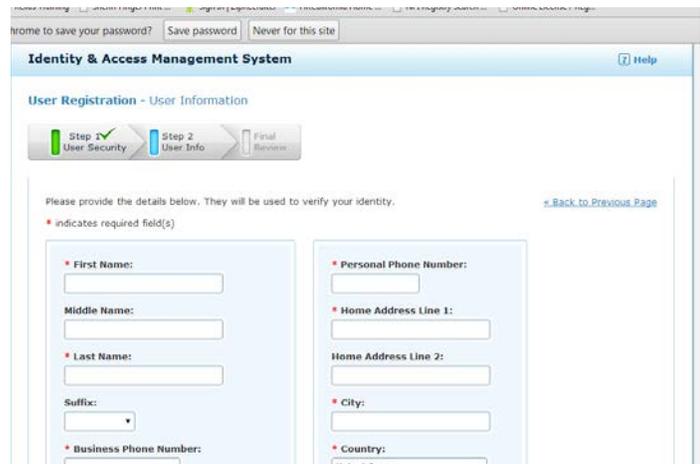


Create a User name
And
Password
*****WRITE IT DOWN*****



Write your questions down, as you will be prompted for Q&A if you ever forget your password or user ID

Fill out your Information



Your account has been created! Continue to homepage



CMS Centers for Medicare & Medicaid Services Logged in as

Identity & Access Management System

Home | My Profile | My Connections

Home

Welcome to the Identity and Access Management System!

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Are you responsible for an Organization?

If you are the Authorized or Delegated Official for a Healthcare Organization (or a 3rd Party Company, such as a billing or credentialing management company that does not provide health care services, but works on behalf of health care providers), select the My Profile section and add your employers to begin the approval process.

None of above?

If you do not match either description above, please review the Frequently Asked Questions (FAQ) below and/or contact your supervisor and ask that they invite you to register as a member of their staff. If they have not registered already, they will need to do so.

It is time to register for your actual NPI number. Click the link.

EUS Contact Information:
 External User Services (EUS)
 PO Box 792750
 San Antonio, Texas 78279
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSSupport@cgm.com

StaticForward.do?forward=static.npistart

DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPES before, your existing account information has not changed.

Manage or Apply for your personal NPI Record
An NPI assigned to you, an Individual who renders health care services.

User ID:

Password:

[Forgot User ID or Password?](#)

New Individual Provider in need of an NPI or have never accessed NPES to view/update your NPI record? [Create a Login](#).

Manage your Individual Provider [Login Account Information](#).

Manage or Apply for NPI Records for an Organization
NPI associated with your Healthcare Organization

User ID:

Password:

[Forgot Password?](#)

[Create Login for NPES Only and Apply for an NPI for a Healthcare Organization.](#)

ⓘ If you need to access PECOS or HITECH on behalf of your Healthcare Organization, you must [Create a Login](#) in the Identity & Access System (I&A).

If you are an Organizational Provider with an NPI, and you would like to create a Login to access NPES only, please click [here](#).

Enter the User ID and the password you just created.

[NPI Registry](#) The NPI Registry enables you to search for a provider's NPES information. All information produced by the NPI Registry is provided in accordance with the NPES Data Dissemination 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 NPI. There is no charge to use the NPI Registry.

ation 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.

[New NPI Application](#)
Apply for an NPI

[Send E-mail Notification](#)
Send NPI Assignment Notification to the Contact Person e-mail address

[View Printer Friendly Application](#)
View the NPI record in a single page

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.

[Create I&A](#)

[Change Password](#)
Update the Password

[Change Security Question/Answer](#)
Update the Security Questions and Answers

New NPI Application

⁴ Provider Taxonomy codes can be obtained from <http://www.wpc-edi.com/codes/taxonomy>

Online Help is available from each page of the Application / Update Form by clicking "Help" at the top right of the page.

If you need additional help or have any questions concerning your application, contact the NPI Enumerator.

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

Step 2: Read the information below.

You must agree to the terms below when you submit your application:

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 immediately.

I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes.

I understand that the information provided in this application may be used by other agencies in accordance with privacy laws.

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 on the NPI Application / Update Form:

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.

Step 3: Begin online application.

This will automatically come up, click submit New NPI Application

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > Certification

NPI Application Form - Provider Profile

Note: The name, date of birth and social security number fields will not be editable until the NPI applications is enumerated. To update these fields, logoff the NPPES system and log in to Identity and Access (I&A) Management system to update your profile.

Provider Name Information: * Indicates Required Field

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

Credential(s): (M.D., D.O., etc.)

Other Name: (if applicable)

Prefix: First: Middle: Last: Suffix:

Credential(s): (M.D., D.O., etc.) Type of Other Name:

Other Identifying Information:

* Date of Birth: (MM/DD/YYYY) * Social Security Number: (Without Dashes)

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

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Complete with YOUR information (* only fields necessary), and then click next

Application Sections

- > Provider Profile
- > **Mailing Address**
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > Certification

NPI Application Form - Business Mailing Address

If your address is **outside** the U.S., click here: Foreign Address

If your address is **military address**, click here: Military Address

* Indicates Required Field

Domestic Business Mailing Address Information

* Address Line 1: (Street Number and Name)
9015 Murray Ave

Address Line 2: (e.g. Suite Number)
Suite 100

* City: * State: * Zip + 4: -

Country:

Phone Number: Extension: Fax Number:
(Without Dashes)

< Previous Next >

You will enter the following Business Mailing Address:

9015 Murray Avenue
 Gilroy, Ca 95020
 United States
 Phone:
 408-842-7138

**We have you put the company information, because this info is accessible to the public. This way not just anyone can see where you live, or have your personal information.



Application Sections

- > Provider Profile
- > **Mailing Address**
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > Certification

NPI Application Form - Business Mailing Address S

In order to ensure the optimum performance of the National Provider System, we standardize all addresses; for exam information again in the future and to ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:
9015 Murray Ave
Suite 100
Gilroy CA 95020 - 3617

Please do one of the following:

- 1) Accept the standardized address.
- 2) Reject the standardized address and keep your input as is.
Note: Rejecting standardized address will delay enumeration
- 3) Modify your input in the boxes below and submit for revalidation.

* Indicates Required Field

* Address Line 1: (Street Number and Name)
Address Line 2: (e.g. Suite Number)
* City, State, Zip: -

Accept Standardized Address Use Input Address Revalidate Address

Accept Standardized Address

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > Certification

NPI Application Form - Business Practice Location Address

If your address is **outside** the U.S., click here: Foreign Address

If your address is **military address**, click here: Military Address

* Indicates Required Field

Domestic Business Practice Location Address Information

If the Business Practice Location Address is the same as the Business Mailing Address, click here:

Same As Business Mailing Address

Click "Same as Business Mailing Address"

If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:

* Address Line 1: (Street Number and Name)

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

* City: * State: * Zip + 4: .

Country:

* Phone Number: Extension: Fax Number:
(Without Dashes)



Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > Certification

NPI Application Form - Other Identification Numbers

Please Enter All Other Provider Identifiers (Medicare UPIN, Medicare PIN, Medicare OSCAR/Certification, Medicare NSC, Medicaid, and Other):

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 numbers, you are not required obtain them. DO NOT report the Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) in this section.

Add Identifier

Select All Clear Selected Delete

Issuer	Number	State	Issuer

< Previous Next > Delete

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click "Next"



Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person

NPI Application Form - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

* At least one taxonomy is r

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

Add Taxonomy

*Primary Taxonomy	*Selected Taxonomy	State	License Number

< Previous Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click "Add Taxonomy"

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > **Taxonomy**
- > Contact Person
- > Certification

NPI Application Form - Select Individual Taxonomy Page 1 of 2

Please Select Provider Type Code:

- 20 Allopathic & Osteopathic Physicians
- 10 Behavioral Health & Social Service Providers
- 11 Chiropractic Providers
- 12 Dental Providers
- 13 Dietary & Nutritional Service Providers
- 14 Emergency Medical Service Providers
- 15 Eye and Vision Services Providers

< Previous Next >

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)

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > **Taxonomy**
- > Contact Person
- > Certification

NPI Application Form - Select Taxonomy Page 2

You have selected Provider Type: [17 Other Service Providers](#)

Please Continue Your Taxonomy Selection:

Classification Name - Area of Specialization

- 171100000X - Acupuncturist -
- 171M00000X - Case Manager/Care Coordinator -**
- 174V00000X - Clinical Ethicist -
- 172V00000X - Community Health Worker -
- 171W00000X - Contractor -
- 171WH0202X - Contractor - Home Modifications
- 171WV0202X - Contractor - Vehicle Modifications

Select your area of specialization then click "Save"

Please Enter Your State License Information For Your Taxonomy Selection:

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

License Number:

State Where Issued:

< Previous Save & Add Another Save



Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > **Taxonomy**
- > Contact Person
- > Certification

NPI Application Form - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

* At least one taxonomy is req.

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

*Primary Taxonomy	*Selected Taxonomy	State	License Number
<input checked="" type="radio"/>	171M00000X - Case Manager/Care Coordinator -		

< Previous Next >

Confirm selection and click "next"

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

- > Practice Location
- > Other Identifiers
- > Taxonomy
- > **Contact Person**
- > Certification

Contact Person Name:

If you would like to use the Provider as the contact person, click here Same As Provider

If you would like to designate an alternate contact person, please fill out the following:

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

Credential(s): Title:

Please Complete The Following Additional Information For The Contact Person:

To use the mailing phone or practice phone for the contact, click one of the following:

Same As Mailing Phone Same As Practice Phone

* Contact Person Phone Number: Extension:
(Without Dashes)

* Contact Person E-mail: * Retype Contact Person E-mail:

NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.

< Previous Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Here you will enter the following contact information:

Silvia Altamirano
 Billing Manager
 408. 846-4703
 Silvia.Altamirano@communitysolutions.org

Then click "Next"

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > **Certification**

NPI Application Form - Certification Statement

Check this box to indicate that you certify to the following:

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 NPPES 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.

< Previous Submit

Read and Check the box, then submit

Note: Please use the Submit button to submit the application or the Previous button to navigate between pages in application.

Thank you. Your application will be processed.

Application processing times may vary based on current inventories. If you have any questions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).

Provider Name: lisa parra
Your tracking number is: 04292014787028

Please 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.