



Submit to your local
Provider Relations
representative

National Provider Identifier (NPI) Submission Form (Type 1 – Individual)

Provider Information Type 1 - Individual		
1. Provider's Full Name (Last, First, Middle Initial)	2. County	3. State
4. Social Security Number - -	5. WellCare Provider ID	6. Ohio Medicaid ID
7. Practice Location (Street, City, State, ZIP Code)	8. Provider Date of Birth	9. Medical License Number
10. NPI (10-digit number)	11. Specialty	12. Taxonomy Code
Contact Information		
13. Contact Name	14. Telephone Number	15. Fax Number
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