



Submit to your local
Provider Relations
representative

National Provider Identifier (NPI) Submission Form (Type 2 – Organizational)

Provider Information Type 2 - Organizational (Primary)			
1. Provider's Full Name (Facility Name or Individual's Name – Last, First, MI)		1a. Check below if Name is Pay-to-Provider/Vendor <input type="checkbox"/>	2. County
		3. State	
4. Tax ID Number	5. WellCare Provider ID	6. Ohio Medicaid ID	
7. NPI (10-digit number)	8. Practice Location (Street, City, State, Zip Code)	9. Specialty	10. Taxonomy Code
Contact Information			
11. Contact Person Name		12. Telephone Number	13. Fax Number
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National Provider ID Type 2- Organizational (Subparts) – <i>For organizations only, please disclose your subpart enumeration if applicable</i>			
14. NPI (10-digit number)	15. Practice Location (Street, City, State, Zip Code)	16. Specialty	17. Taxonomy Code

**** If you require more rows, please continue this section on another page. ****