



National Provider Identifier (NPI) Acknowledgement/Request Form

The National Provider Identifier ("NPI") is a federally mandated requirement for all providers of healthcare services, as per the Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996* ("HIPAA"). This mandate adopts the standard of unique identifiers for the purpose of improving the efficiency and effectiveness of the electronic transmission of health information.

In order to meet the request of our clients we are required to request a copy of your NPI email confirmation notice. Please attach a copy to this form, sign/date below and submit with your MAXIM application and other attachments.

If you have not yet applied for your NPI, please go to the following website and complete the online registration: <https://nppes.cms.hhs.gov>. There is no cost associated with registration. The process generally takes between 15-20 minutes. For helpful instructions, you may click [Application Help](#), under [Additional Resources](#).

Upon completion of the online registration, you will receive a transaction confirmation. Subsequently, you will receive an email notification of your new NPI, indicating your new NPI. In some cases it is instantaneous. However, it may take up to five (5) business days to receive your confirmation.

If you have not received your confirmation within five (5) business days, you should contact an NPI specialist at (800) 465-3203. You may also call this number if you have any questions or require further assistance during the application process.

By signing below, I acknowledge receipt of this request as well as the importance of completing this process in a timely manner. I have attached a copy of my e-mail confirmation notice, indicating my National Provider Identifier or agree to provide a copy immediately upon receipt.

Signed,

X _____

PRINT: _____

DATE: ___ / ___ / ___