



National Provider Identification Number (NPI) Submission Form

Directions: Please complete the form in its entirety.

Multiple Group Locations

If there are multiple locations with *different* NPI numbers please complete a separate form for each location and list each provider associated with that location

Multiple Locations

If there is a group with multiple locations and the same NPI number for each location please submit those locations and list each provider associated with that location

Please Fax to the Attention of Provider Services Admin Assistant (804) 819-5366

Organizational/Group General Information

Group/Individual Name		
Practice Location		
City	State	Zip
Billing/Claim Payment Address		
City	State	Zip
Medicaid ID Number	Tax ID Number	Group NPI 10-digit number

**Please list any additional locations on separate sheet.

Individual Provider Information

Practitioner's full name & Credentials (Degree)	Medicaid Number	Tax ID Number	NPI 10-digit Number	Taxonomy Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Please list any additional providers on separate sheet.

Name (Please Print)	Title	Date
Signature	Phone	