

Provider/Organization NPI Submission Form

Use this form to submit your NPI. Please complete a separate form for each payer to the payers listed below.

- Blue Cross and Blue Shield of Minnesota, BCBSM PDO, R3-19, PO Box 64560, St. Paul, MN 55164-0560
Fax: (651) 662-6684
- HealthPartners, PO Box 1309, Mail Stop: 21108C, Minneapolis, MN 55440-1309
Fax: (952) 883-5665
- Medica, PO Box 9310, Minneapolis, MN 55440-9310
Fax: (952) 992-2504
- Metropolitan Health Plan, 822 South Third Street, Suite 140, Minneapolis, MN 55415
Fax: (612) 904-4522
- Minnesota Department of Human Services (DHS), Provider Relations, PO Box 64987, St. Paul, MN 55164-0987
Fax: (651) 431-7462
- PreferredOne Administrative Services, PO Box 59212, Minneapolis, MN 55459-0212
Fax: (763) 847-4010
- PrimeWest Health System, Attn: Credentialing, 2209 Jefferson Street, Suite 101, Alexandria, MN 56308
Fax: (320) 762-8750
- UCare Minnesota, Attn: Credentialing, PO Box 52, Minneapolis, MN 55440-0552
Fax: (612) 884-2184

Name of Person Submitting Form		Date
Clinic/Facility Name	Phone Number ()	Fax Number ()

Type of Submission Individual Practitioner (Type 1) or Organization (Type 2)

- Check this box if you are a sole proprietor and did not obtain a Type 2 NPI

Current Provider Number* (ID assigned by payer checked above)	NPI	
Provider Name		
SSN or UPIN (required for Individual Practitioners)	FEIN	
Street Address		
City	State	Zip Code

- Check this box if there is only one Current Provider Number* (ID assigned by the payer checked above) associated with this NPI.
- Check this box if the NPI you are submitting is replacing more than one Current Provider Number.
List all Current Provider Numbers* (IDs assigned by the payer checked above) on a separate sheet.
- Check this box if one Current Provider Number* (ID assigned by the payer checked above) is being replaced with multiple NPIs. Include all NPIs along with the associated name, specialty, street address, city, state and ZIP.