



A union of interpreters, run by interpreters, for interpreters.

# **HOW TO GET YOUR NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER**

# Presented By

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## **STEP 1**

# **CREATING YOUR LOGIN**

**(If you already have a Login, skip to Slide 19)**

# Navigate to Create Log In Page

Go to <https://nppes.cms.hhs.gov/#/> and click “CREATE or MANAGE AN ACCOUNT”

The screenshot displays the NPPES (National Plan & Provider Enumeration System) website interface. At the top left is the NPPES logo with the tagline "National Plan & Provider Enumeration System". At the top right are search and help icons labeled "SEARCH NPI REGISTRY" and "HELP".

The main content area is split into two columns:

- Registered User Sign In:** This section includes a heading, a sub-heading "Log in to view/update your National Provider Identifier (NPI) record.", a "User ID" label, a text input field with placeholder text "I&A User ID, used to access NPPES, EHR & PECOS", a "Password" label, an empty password input field, a blue "SIGN IN" button, and a red "FORGOT USER ID OR PASSWORD?" button. A note at the bottom states: "\*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information".
- Create a New Account:** This section includes a heading, a sub-heading "You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.", a small image of a doctor, and text explaining that users without an I&A account or those needing to update it should click "CREATE or MANAGE AN ACCOUNT". It also mentions that existing Type 1 NPIs will be associated with the new I&A account. A blue button labeled "CREATE or MANAGE AN ACCOUNT" is prominently displayed and circled in red. Below it is a link: "To learn more about Multi-Factor Authentication (MFA), click here".

At the bottom of the page, there is an "ANNOUNCEMENTS" section and a navigation bar with "NPPES" and "What's New in NPPES" links.

# Navigate to Create Log In Page

**CMS** Centers for Medicare & Medicaid Services

**Identity & Access Management System** [Help](#)

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

**Sign In**

- \* indicates required field(s)
- \* **User ID:**
- \* **Password:**

**Sign In** ▶

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

**One account to access multiple systems**

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR Incentive programs, manage staff, and authorize others to access your information. **Create Account Now**

**PECOS** Use this system to register for Medicare or update your current enrollment information.

**EHR** Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

**NPPES** Use this system to apply for and manage National Provider Identifiers (NPIs).

**Quick Reference Guide**  
Overview of features and tools to manage your account.

**Frequently Asked Questions**  
Answers to common questions about registration, who should register, and how to manage your account.

Select “Create Account Now” button or select the [register](#) link on the I&A login and you will be navigated to the User Registration page.

# Enter Email Address



**CMS** Centers for Medicare & Medicaid Services  
Identity & Access Management System [Help](#)

### User Registration

\* indicates required field(s)

**Note:** The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

\* E-mail Address:

\* Confirm E-mail Address:

[Listen to audio](#)

\* Enter the text from the image above:

| [Cancel](#)

Enter your email address and the text seen in the image on the User Registration page. If you have trouble seeing the image you can either select the Listen to Audio link or select the icon to have the image refreshed. Once you have successfully entered the required data, select the Submit button

# Create Password & Security Questions

**CMS** Centers for Medicare & Medicaid Services

**Identity & Access Management System** [Help](#)

**User Registration - User Security**

Step 1 User Security Step 2 User Info Step 3 MFA Setup Final Review

\* Indicates required field(s)

**User ID Compliance:**

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

**Password Compliance:**

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter.
- Must contain at least one number.
- Must contain at least one valid special character.
- Must not contain any invalid special characters.
- Must not start with numeric characters.
- Must not contain three repeating characters.
- Must not be the same as your User ID.
- Password must match Confirm Password.

Please select five different security questions and enter their answers below:

**Question 1:** Select **Answer 1:**

**Question 2:** Select **Answer 2:**

**Question 3:** Select **Answer 3:**

**Question 4:** Select **Answer 4:**

**Question 5:** Select **Answer 5:**

[Continue](#) [Cancel](#)

Enter the required information on the User Security page and select the Continue button.

Security Questions and Answers cannot be duplicated. You must select 5 different questions, each having a unique answer (different from the other 4 answers).

# Enter Personal Information

Enter the required information on the User Information page and select the Continue button at the bottom of the page.

**CMS** Centers for Medicare & Medicaid Services Logged in as SamElliot Sign Out

**Identity & Access Management System** Help

**User Registration - User Information**

Step 1  User Security Step 2  User Info Step 3  MFA Setup Final Review

Please provide the details below. They will be used to verify your identity. [Back to Previous Page](#)

\* indicates required field(s)

\* **First Name:**

**Middle Name:**

\* **Last Name:**

**Suffix:**

\* **Business Phone Number:**

**Fax Number:**

\* **Date of Birth: (MM/DD/YYYY)**

\* **SSN:**

**Primary E-mail Address:**  
sam.elliott@email.com

\* **Personal Phone Number:**

\* **Home Address Line 1:**

**Home Address Line 2:**

\* **City:**

\* **Country:**

\* **State/ Province/ Territory:**

\* **Postal/ZIP Code:**

**Continue**

# Enter Personal Information

### Select your address

**⚠ Important Note: Your address has been standardized.**  
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

**Use Standardized Address:**  
719 W Holly Ave  
Sterling, VA 20164-4621  
United States

**Use The Address I Entered:**  
719 W Holly Ave  
Sterling, VA 20164  
United States

[Continue](#)

Select the Standardized Address provided and Click Continue.

# Multi-Factor Authentication

**CMS** Centers for Medicare & Medicaid Services  
Logged in as SamElliot Sign Out

**Identity & Access Management System** Help

**User Registration - Multi-Factor Authentication (MFA) Setup**

Step 1 ✓ User Security | Step 2 ✓ User Info | Step 3 MFA Setup | Final Review

\* indicates required field(s) [Back to Previous Page](#)

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

\* **Authentication Method:**  
Select Primary Authentication Method

Continue | Cancel

You will be required to set up at least one Multi-Factor Authentication (MFA) method. And will be given the option to set up a second (alternative) method. Select your Primary Authentication Method from the dropdown list and select Continue.

\* **Authentication Method:**

Select Primary Authentication Method  
Phone Number Text/SMS  
E-mail Address  
Phone Number Voice Call

# Multi-Factor Authentication

If you select E-mail Address, the e-mail address will be pre-populated with your primary e-mail address you entered when you started registration, however you may change it.

**CMS** Centers for Medicare & Medicaid Services Logged In as SamElliot Sign Out

## Identity & Access Management System Help

### User Registration - Multi-Factor Authentication (MFA) Setup

Step 1  User Security | Step 2  User Info | **Step 3  MFA Setup** | Final Review

[← Back to Previous Page](#)

\* indicates required field(s)

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

\* Authentication Method:  
E-mail Address

You can use the E-mail Address associated with your I&A account or enter a new one.

\* E-mail Address where you will receive your verification code  
sam.elliott@email.com

Select the Send E-mail button to verify that it works.

Send E-mail | Cancel

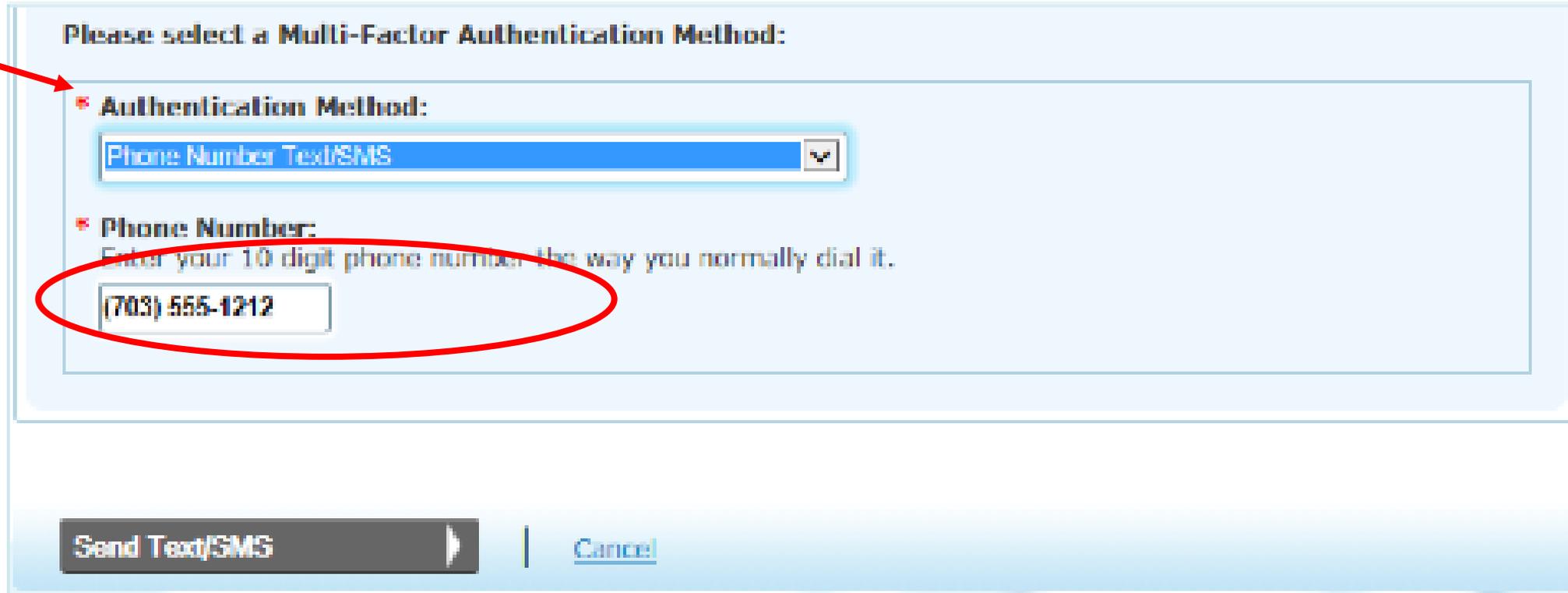
# Multi-Factor Authentication

Please select a Multi-Factor Authentication Method:

\* Authentication Method:  
Phone Number Text/SMS

\* Phone Number:  
Enter your 10 digit phone number the way you normally dial it.  
(703) 555-1212

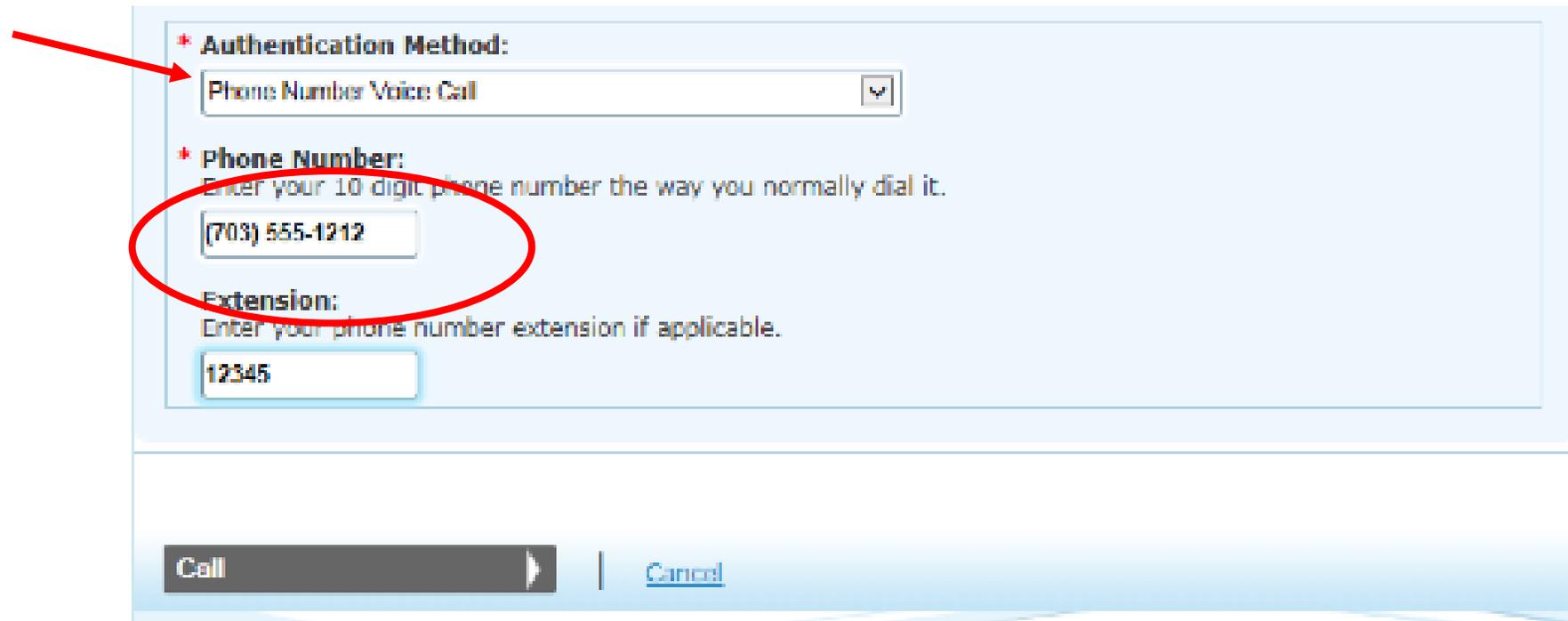
Send Text/SMS | [Cancel](#)



If you select Phone Number Text/SMS, you must enter your 10 digit phone number then click “Send Text/SMS” to receive Verification Code.

# Multi-Factor Authentication

If you select Phone Number Voice Call, you must enter your 10 digit phone number, and have the ability to enter an extension. Then click “Call” to receive Verification Code.



A screenshot of a web form for Multi-Factor Authentication. The form is light blue and contains the following fields:

- \* Authentication Method:** A dropdown menu with "Phone Number Voice Call" selected. A red arrow points to this dropdown.
- \* Phone Number:** A text input field containing "(703) 555-1212". This field is circled in red.
- Extension:** A text input field containing "12345".

At the bottom of the form, there are two buttons: a dark grey "Call" button with a right-pointing arrow, and a blue "Cancel" button.

# Multi-Factor Authentication

**CMS** Centers for Medicare & Medicaid Services  
Logged in as mehd1404 Sign Out

Identity & Access Management System Help

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

\* Indicates required field(s) [Back to Previous Page](#)

An E-mail was sent to mhid06@gmail.com

\* Enter Code:  **Verify Code**

Haven't received an E-mail yet? [Resend E-mail](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

[Cancel](#)

Enter the code you receive and select Verify Code. If for some reason you do not receive a code, select the link (Resend E-mail, Resend Text/SMS or Call Again) to have a new code sent to you. If you need to change your method or update your e-mail address (Phone Number, if you selected Text/SMS or Voice Call) select the Back to Setup Page link to start the set up again.

# Complete Log In Registration

The screenshot displays the CMS Identity & Access Management System interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are visible, along with the user "SamElliot" and a "Sign Out" link. The page title is "Identity & Access Management System" with a "Help" link. The main heading is "User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete". A progress bar shows four steps: Step 1 (User Security) and Step 2 (User Info) are completed with green checkmarks; Step 3 (MFA Setup) is the current step, highlighted in blue; and Final Review is a greyed-out step. A message box states: "Congratulations, your Phone Number (703) 555-1212 X 12345 was successfully verified! This will be used to verify your identity upon logging in." Below this, a section offers to set up an alternative MFA method with a "Begin Alternative Setup" button. At the bottom, a "Complete Registration" button is circled in red, next to a "Cancel" link.

Your Primary MFA Method was successfully set up. Click Complete Registration to move on to the next page!

# Complete Log In Registration

## User Registration - Registration Complete



**📍 Congratulations, your account has been successfully created.**

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

**Continue To Home Page** ▶

Your registration is complete, select the Continue to Home page button to be navigated to your I&A Home page.

# Complete Log In Registration

The screenshot shows the CMS Identity & Access Management System interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are visible, along with a user login status "Logged in as [name] 101" and a "Sign Out" link. Below this is a navigation bar with "Identity & Access Management System" and a "Help" icon. The main content area has three tabs: "Home", "My Profile", and "My Connections". The "Home" tab is active, displaying a welcome message: "Welcome to the Identity and Access Management System!". Below this, there are three sections: "Are you an Individual Provider?", "Are you responsible for an Organization?", and "None of above?". Each section contains instructions and links for registration. On the right side, there are two boxes: "News & Alerts" with "EUS Contact Information" and "Application Links" including "NPPES", "PECOS", and "EHR Incentive Programs". At the bottom, there are two PDF icons with titles "Quick Reference Guide" and "Frequently Asked Questions".

**Home** My Profile My Connections

**Home**

**Welcome to the Identity and Access Management System!**

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Are you responsible for an Organization?

If you are the Authorized Official or Access Manager for a Healthcare Organization (or a 3rd Party Company, such as a billing or credentialing management company that does not provide health care services, but works on behalf of health care providers), select the My Profile section and add your employers to begin the approval process.

None of above?

If you do not match either description above, please review the Frequently Asked Questions (FAQ) below and/or contact your supervisor and ask that they invite you to register as a member of their staff. If they have not registered already, they will need to do so.

**News & Alerts**

**EUS Contact Information:**  
External User Services (EUS)  
PO Box 792750  
San Antonio, Texas 78279  
<https://eus.custhelp.com>

**Application Links**

[NPPES](#)  
National Plan and Provider Enumeration System

[PECOS](#)  
Medicare Provider Enrollment, Chain, and Ownership System

[EHR Incentive Programs](#)  
Promoting Interoperability Programs Registration System

**Quick Reference Guide**  
Overview of features and tools to manage your account.

**Frequently Asked Questions**  
Answers to common questions about registration, who should register, and how to manage your account.

You have successfully created your I&A account.



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## **STEP 2**

# **COMPLETING YOUR NPI NUMBER APPLICATION**

# Log In & Navigate to Application Page

Go to <https://nppes.cms.hhs.gov/#/> then enter your User ID and Password information with the account information you just created

**NPPES**  
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

## Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ

I&A User ID, used to access NPPES, EHR & PECOS

Password

**SIGN IN**

**FORGOT USER ID OR PASSWORD?**

\*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

## Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

**Individual Providers, Organization Providers, Users working on behalf of a provider**

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

**CREATE or MANAGE AN ACCOUNT**

To learn more about Multi-Factor Authentication (MFA) [click here](#)

**ANNOUNCEMENTS**

NPPES What's New in NPPES

# Provider Profile

Fill out all of the required information.  
(Your Social Security Number and Date of Birth will be prefilled.  
Make sure your information matches your IRS Records). Then  
click "Save" and "Next"



**Provider Profile**

\* Indicates Required fields.  
Note: Fields with  icon will NOT be publicly available

**Provider Name Information:**

Prefix:  \* First:  Middle:  \* Last:  Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix:  First:  Middle:  Last:  Suffix:

Type of Other Name:  Credential(s):(MD, DO, etc.)

**Other Identifying Information:**

\* Date of Birth:  \* TIN Type:  \* Tax Identification Number(TIN):

\* State of Birth:(If U.S.)  Country of Birth:

Yes, Hispanic, Latino/a or Spanish Origin

Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or other Pacific Islander

Choose Language Filter:

Filter by Language:

Choose Language Spoken:

Select Language:

Primary	Languages Spoken	Actions
Filter...		

# Address

Verify that your address is correct (provided when you created your login)

## Address

This information will be used to contact the provider if we have questions about the NPI application.

### Business Mailing Address (Correspondence Address)

This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

[Redacted Address]  
United States

[EDIT BUSINESS MAILING ADDRESS](#)

---

### Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

[ADD A PRACTICE LOCATION](#)

[< PREVIOUS](#) [NEXT >](#)

Then add a business address and then check the box to the left of your entry and click Next

**Practice Location (only one required)**

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

primary Location	Address	City	State/Province/Region	Country	Office Hours	Languages Spoken
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	WA	US		

1 - 1 of 1 items

# Health Information Exchange

\*Skip this step by clicking next on the bottom of the page\*

50% Application Completed



### Endpoint for Exchanging Healthcare Information (optional)

\* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the [NPI Registry](#), [APIs](#), and [Data Dissemination Files](#) for users to receive and consume.

Endpoints should not include personal email information.

\* Endpoint Type:  \* Endpoint:  Endpoint Description:

Endpoint Use:  Endpoint Content Type:

\* Is the Endpoint affiliated to another organization?  Yes  No \* Endpoint Location:

**Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best**

# Other Identities

\*Skip this step by clicking next on the bottom of the page\*

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE **OTHER IDENTIFIERS** TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION

94% application completed

### Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

\* Indicates Required fields.

#### Enter All Other Provider Identifiers

**Note:** These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them.  
DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

\* Issuer:

\* Identification Number: (DO NOT ENTER SSN, ITIN OR EIN) State Issued: (if applicable)

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...

# Taxonomy



## Taxonomy

Provider's Taxonomy Information.

\* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

\* Practice Type: ⓘ

Not a Group  Multi-Specialty  Single Specialty  Multiple Single Specialty

Choose Taxonomy Filter:

\* Choose Taxonomy:

\* Classification Name/Specialization:

License Number:

State issued:

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Check “Not a Group” under Practice Type then search “171R00000X – Interpreter” under Choose Taxonomy Filter and scroll to “171R00000X – Interpreter” in Choose Taxonomy then click the Save button

# Taxonomy

Check the box to the left of your Taxonomy entry under “Primary Taxonomy” then click Next

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input checked="" type="checkbox"/>	171R00000X	Interpreter				

1 - 1 of 1 items

[< PREVIOUS](#) [NEXT >](#)

[SAVE & RETURN TO MAIN PAGE](#)

# Contact Information

Click “Add Contact Information” and add your information including your credentials and click “Save”

**Contact Information**

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

**Contact Information (only one required)**

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

**ADD CONTACT INFORMATION**

[< PREVIOUS](#) [NEXT >](#) [SAVE & RETURN TO MAIN PAGE](#)

Then check the box to the left of your entry and click Next

**Contact Information (only one required)**

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Filter...

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email	Actions
<input type="checkbox"/>	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]

# Error Check

Scroll through the sections of the applications to check for errors then click Next. If your application is free of errors, it will appear as follows:

The screenshot displays a multi-step application form with the following sections:

- Step 3: Health Information Exchange**  
COMPLETED: Health Information Exchange  
No Errors Found  
REVIEW
- Step 4: Other Identifiers**  
COMPLETED: Other Identifiers  
No Errors Found  
REVIEW
- Step 5: Taxonomy**  
COMPLETED: Taxonomy  
No Errors Found  
REVIEW
- Step 6: Contact Information**  
COMPLETED: Contact Information  
No Errors Found  
REVIEW

At the bottom of the form, there are three buttons: < PREVIOUS, NEXT >, and SAVE & RETURN TO MAIN PAGE. The NEXT > button is circled in red. A red arrow points to the checkmark icon in the first step.

If there's an error, the step will be highlighted in red and you will not have the option to click Next. Click the Review button to the right to review your entry and correct the error then click Next.

# Submission

Click the check box in the area highlighted in blue to authorize that the information you provided is being completed by a healthcare provider then click Submit.

- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

#### Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

- I certify that this form is being completed by, or on behalf of, a health care provider as defined at [45 CFR § 160.103](#).

← PREVIOUS

SUBMIT

SAVE & RETURN TO MAIN PAGE

# Congratulations! You have completed the application for your NPI Number!

-----Original Message-----  
From: customerservice@npienumerator.com  
[mailto:customerservice@npienumerator.com]  
Sent: [REDACTED]  
To: [REDACTED]  
Subject: National Provider Identifier

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: [REDACTED]

Your Tracking ID



If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If verification is required, processing may take up to 30 days.

Provider Name: [REDACTED]  
Primary Contact Person: [REDACTED]  
Primary Practice Location Address: [REDACTED]  
[REDACTED] United States  
SC [REDACTED]  
Date Submitted: [REDACTED]

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu at <https://nppes.cms.cmsstest/webhelp/nppeshelp>.

NPI Enumerator Contact Information Monday through Friday, 9am to 5pm (Eastern Time)\*  
By phone:  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY for the deaf, hard of hearing, or those with speech

If you did not receive this confirmation email, you did not complete the process. Call the support line at **1-800-465-3203** for assistance.

# Questions or Concerns?

If you have questions or problems, call the support line at **1-800-465-3203**. Press “0” to speak to an operator.

# What To Do If You Don't Receive Your NPI Number

-----Original Message-----

From: customerservice@npienumerator.com

[mailto:customerservice@npienumerator.com]

Sent: [REDACTED]

To: [REDACTED]

Subject: National Provider Identifier

Original Print Date: [REDACTED]

Enumeration Date: [REDACTED]

A request for a National Provider Identifier for [REDACTED] was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned: [REDACTED]

This provider is a sole proprietor.

Practice Location:

[REDACTED]  
[REDACTED]

Provider Taxonomies:

Taxonomy: 171R00000X

Details: Interpreter

This is the Primary Taxonomy.

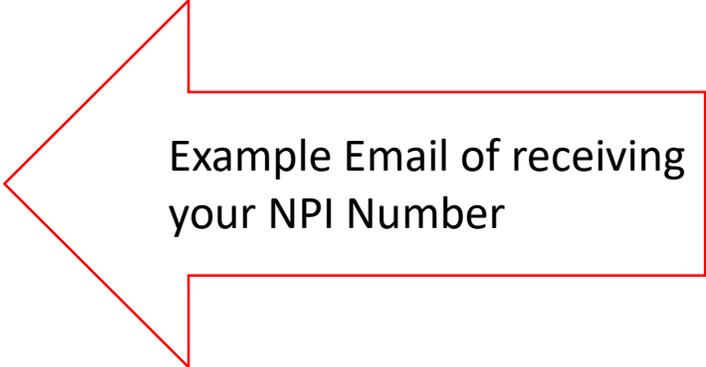
If you have any questions about this notification you may contact the NPI Enumerator Monday through Friday, 9am to 5pm (Eastern Time)\* at:

NPI Enumerator

PO Box 6059

Fargo, ND 58108-6059

If you have not received your NPI number by email within 15 days by email, call **1-800-465-3203** for assistance and have your Tracking ID ready.



Example Email of receiving  
your NPI Number