



Individual NPI Notification Form

Please fill out this form to notify **Blue Cross Blue Shield of Nebraska** of your Individual Type 1 NPI(s). Please fill out the **Organization** NPI Notification Form if you have an NPI for your Organization or Facility (i.e., subpart Type 2 NPI).

If you have already applied and received your NPI, please print and complete this form and mail or fax to the following. If more NPIs are required, please provide additional sheets.

**ATTN: HNS
PO Box 3248
Omaha, NE 68180-0001
FAX: 402-343-3455**

If you have not yet applied for your NPI, please do so as soon as possible and forward on the attachment as completed. You can apply for your NPI through any of the following:

- **Call: (800) 465-3203 or (800) 692-2326 (TTY) for a paper application**
- **Email: customerservice@npienumerator.com to obtain a paper application**
- **Write: NPI Enumerator, P.O. Box 6059, Fargo, N.D. 58108-6059**
- **Apply through the web: <https://nppes.cms.hhs.gov>**

Provider Name: _____

Practice Name: _____

Practice Address: _____

Phone Number for Appointment Scheduling: _____

BCBSNE Provider Number: _____ Tax ID Number: _____

Taxonomy / Specialty: _____

Individual NPI Number: _____

Provider Name: _____

Practice Name: _____

Practice Address: _____

Phone Number for Appointment Scheduling: _____

BCBSNE Provider Number: _____ Tax ID Number: _____

Taxonomy / Specialty: _____

Individual NPI Number: _____

Provider Name: _____

Practice Name: _____

Practice Address: _____

Phone Number for Appointment Scheduling: _____

BCBSNE Provider Number: _____ Tax ID Number: _____

Taxonomy / Specialty: _____

Individual NPI Number: _____
