



Organization NPI Notification Form

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

Location NPI Number: _____

If this Facility or Organization has sub-parts, please complete the following:

Facility or Organization Sub-part Name: _____

Address: _____

Phone Number: _____ Tax ID Number: _____

Taxonomy / Specialty: _____

Medicare Number: _____ BCBSNE Provider Number _____

Provider Name: _____

Practice Name: _____

Practice Address: _____

Phone Number for Appointment Scheduling: _____

BCBSNE Provider Number: _____ Tax ID Number: _____

Taxonomy / Specialty: _____

Location NPI Number: _____

If this Facility or Organization has sub-parts, please complete the following:

Facility or Organization Sub-part Name: _____

Address: _____

Phone Number: _____ Tax ID Number: _____

Taxonomy / Specialty: _____

Medicare Number: _____ BCBSNE Provider Number _____
