NPI Application Instructions

Before beginning, the following information should be at hand to complete the NPI Application Form. Saving the work before finishing the form is NOT an option.

Information Required for Individual Providers:

• 1. Provider Name = Your **Legal Name**
• 2. Business Phone : 919-684-8111
• 3. Provider Date of Birth
• 4. SSN* (or ITIN if not eligible for SSN)
• 5. Contact Person Phone Number = 919-684-8111
• 6. Home Mailing address = **2301 Erwin Road, Durham, NC 27710, Country USA**

* Must be US issued social security number
** Not required for Taxonomy 39 (leave blank)