

# Provider & Organizational NPI Notification Form



## Select the type of NPI

- Individual (complete Section 1)
- Organization (complete Section 2)
- Subpart of an Organization (complete Section 3)



Section 1

### Individual NPI Information

Provider Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

BCBSKS Billing Prov. No. \_\_\_\_\_ NPI \_\_\_\_\_ Taxonomy \_\_\_\_\_

EIN \_\_\_\_\_ Incorporated?  Yes  No — If yes, complete section 2

Address \_\_\_\_\_  
Street City State ZIP Code

Taxonomy \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Taxonomy \_\_\_\_\_

Section 2

### Organization NPI Information

Practice or Organization doing business as name \_\_\_\_\_

Practice or Organization name as indicated in your tax records if different than above \_\_\_\_\_

EIN \_\_\_\_\_ Incorporated?  Yes  No

BCBSKS Group or Common Pay No. \_\_\_\_\_ NPI \_\_\_\_\_ Taxonomy \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Taxonomy \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Taxonomy \_\_\_\_\_

Does the organization have subparts?  Yes  No — If yes, complete section 3

Section 3

### Organization Subpart Information — complete Sections 2 and 3 for each subpart NPI

Doing Business As Name \_\_\_\_\_

EIN \_\_\_\_\_ Incorporated?  Yes  No

BCBSKS Group or Common Pay No. \_\_\_\_\_ NPI \_\_\_\_\_ Taxonomy \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Taxonomy \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Taxonomy \_\_\_\_\_

Send form to: Blue Cross and Blue Shield of Kansas  
1133 SW Topeka Blvd.  
Topeka, KS 66629-0001

**Institutional Providers**  
Attn: Institutional Relations  
Mail: cc 442D2  
Fax: 785-290-0734

**Professional Providers**  
Attn: Provider Services  
Mail: cc 443D2  
Fax: 785-290-0734