



**Connecticut Medical Assistance Program
National Provider Identifier (NPI) Submission Form**

This form is to be used to update National Provider Identifier information. It may also be used to update the specialty a provider is enrolled with in the Connecticut Medical Assistance Program.

Section I: Connecticut Medical Assistance Provider Program Information (please print or type)

1. Provider Name	
2. Provider Number	
3. Provider Street Address	
City	
State	
Zip + 4 (9-Digits)	

Section II: National Provider Identifier (NPI) Information (please print or type)

4. Entity Type (Check the appropriate box)	A. An individual who renders health care	
	B. An organization that renders healthcare or a subpart of an organization that renders healthcare	
5. NPI Name		
6. NPI Street Address		
City		
State		
Zip + 4 (9-Digits)		
7. NPI Number		
8. Taxonomy (List up to 5)	A.	D.
	B.	E.
	C.	
9. Effective Date of Change:		

Section III: Provider Contact Information (please print or type)

10. Contact Name	Last:	First:	Title:
11. Contact Phone Number	()		Extension:
12. Contact E-mail Address			
13. Authorized Signature			
14. Effective Date of Change:			

Section IV: Provider Specialty Update (please print or type)

15. Specialty Update*	Current Specialty:	New Specialty:
16. Effective Date of Change:		

*NOTE: See important information in the Directions section below!

Please mail completed form and attachments to:

Gainwell Technologies
Attention: Provider Enrollment
P.O. Box 5007
Hartford, CT 06102-5007

**Connecticut Medical Assistance Program
National Provider Identifier (NPI) Submission Form Instructions**

Please complete the attached NPI Submission Form to indicate changes to NPI information. This form can also be used to indicate updates to provider specialty. For NPI updates, attach a copy of the NPI notification and/or E-mail from Fox Systems, Inc., the NPI enumerator. Mail the completed form and any appropriate attachments to the address indicated on the form.

- Providers **must** complete a separate form for **each** Connecticut Medical Assistance Program provider identification number(s).
- Providers who are enrolled in the Connecticut Medical Assistance Program as part of a group must complete a form for their **individual** provider number.
- Providers who are enrolled in the Connecticut Medical Assistance Program as a group or institution must complete a form for their **group or institution** provider number(s).

Section I: Connecticut Medical Assistance Provider Program Information		
Field Number	Field Description	Field Instructions
1	Provider Name	Enter the provider name.
2	Provider Number	Enter the provider Connecticut Medical Assistance Program provider number.
3	Provider Address	Enter the provider primary address.
Section II: National Provider Identifier (NPI) Information		
4	Entity Type	Check the appropriate entity box that describes the provider associated with the NPI.
5	NPI Name	Enter the NPI name as it appears on the enumeration letter from the NPI enumerator.
6	NPI Address	Enter the NPI address as it appears on the enumeration letter from the NPI enumerator.
7	NPI Number	Enter the NPI number as it appears on the enumeration letter from the NPI enumerator. Note: If you obtained multiple NPI's that are associated with one Connecticut Medical Assistance Program provider ID, you must complete a separate NPI Submission Form.
8A-8E	NPI Taxonomy	Enter the NPI taxonomy(s) that are associated with your Connecticut Medical Assistance Program provider number in field 2. Up to five (5) taxonomies can be supplied.
9	Effective Date of Change	The date in which this change is being requested to be effective

Section III: Provider Contact Information

10	Contact Name	Enter the contact name.
11	Contact Phone Number	Enter the contact phone number & extension.
12	Contact E-mail Address	Enter the contact E-mail address.
13	Authorized Signature	Enter the authorized signature for the provider.
14	Effective Date of Change	Enter the date signed which is also the date in which this change is being requested to be effective.

Section IV: Provider Specialty Update

15	Specialty Update	A provider is not permitted to update its TYPE. SPECIALTY updates are permitted as long as the SPECIALTY and Taxonomy(s) selected are appropriate for the TYPE of provider. For authorized TYPE/SPECIALTY/TAXONOMY relationships, please reference the Provider Type/Specialty/Taxonomy Crosswalk located on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com . Once on the Web site, select Information and then Publications, scroll down to the Forms section, and select the link titled Type/Specialty/Taxonomy Crosswalk under the Provider Enrollment/Maintenance Forms.
16	Effective Date of Change	The date in which this change is being requested to be effective