



Division of Medical Services
 Gainwell Technologies Provider Enrollment Unit
 P.O. Box 8105, Little Rock, AR 72203-8105
 P: (501) 376-2211 WATS: (800) 457-4454 F: (501) 374-0746

National Provider Identifier Reporting Form

Provider Name:		
National Provider Identifier (NPI):	Taxonomy Code:	Arkansas Medicaid Provider Number:
Social Security Number:	Tax Identification Number:	
Place of Service (Not a P.O. Box):		
City:	State:	ZIP Code + 4:
Telephone Number (Include Area Code):	Fax Number (Include Area Code):	

Please provide the following information for your designated contact person.

Contact Person:	Telephone Number (Include Area Code):	E-mail Address:
-----------------	---------------------------------------	-----------------

Preference for receiving NPI reporting confirmation (check one):

Mail Address:

Fax Fax Number (Include Area Code):

Please provide an electronic or original signature (stamped or copied signatures are invalid).

Provider Signature:	Date:
---------------------	-------