



Division of Medical Services
Gainwell Technologies Provider Enrollment Unit
P.O. Box 8105, Little Rock, AR 72203-8105
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National Provider Identifier (NPI) Change Request Form

Provider Name:		
National Provider Identifier (NPI):	Taxonomy Code:	Arkansas Medicaid Provider Number:
Printed Name of Requestor:	Job Title:	Effective Date of Change:
Provider Signature:		