

MassHealth Provider Application National Provider Identifier (NPI) Supplement

For internal use only

MassHealth provider number: _____

MassHealth provider type: _____

This supplement to this application is for the collection of national provider identifier (NPI) data. The NPI number is required for all health-care providers under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA). In addition, federal regulations at 42 CFR 431.107(b)(5) require that all providers eligible for an NPI number furnish it to MassHealth and include it on all claims. If you are eligible for an NPI number, failure to provide it may result in a delay in processing your application.

Please list your name, address, Tax ID, and NPI number applicable to this enrollment.

SECTION 11. NATIONAL PROVIDER IDENTIFIER		
Provider's legal name		
Street address line 1		
Street address line 2		
City	State	Zip
Tax ID	NPI number	Check if not eligible for NPI Number ☐
► Is this NPI associated with another MassHealth Provider ID you currently have on file? ☐ yes ☐ no If yes, please indicate the other provider ID(s): _____		
APPLICANT'S ATTESTATION, SIGNATURE, AND DATE		
I certify under the pains and penalties of perjury that the information on this form has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the applicant or, in the case of a legal entity, duly authorized to act on behalf of the applicant. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.		
Applicant's signature: _____ (Signature and date stamps, or the signature of anyone other than the applicant or person legally authorized to sign on behalf of a legal entity, are not acceptable.)		
Printed legal name of applicant: _____		Date: _____
Email: _____		Phone: _____
Printed legal name of individual signing: _____ (if the applicant is a legal entity)		

Masshealth Provider Application Form

Michael Brown

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the name bar.

Masshealth Provider Application Form:

Decoding **Masshealth Provider Application Form**: Revealing the Captivating Potential of Verbal Expression

In an era characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its ability to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Masshealth Provider Application Form**," a mesmerizing literary creation penned with a celebrated wordsmith, readers embark on an enlightening odyssey, unraveling the intricate significance of language and its enduring affect our lives. In this appraisal, we shall explore the book is central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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