



Please provide us with the information requested below to enable us to update our systems with your NPI information. All fields are required. Fax your completed submission form to BCBSNM Network Services at 866-589-8256. For further information about the NPI implementation at BCBSNM, visit our Web site at www.bcbsnm.com. If you have any questions, please feel free to email us at npi@bcbsnm.com.

REMINDER: You must send your NPI to BCBSNM by April 15, 2007. Failure to submit your NPI to BCBSNM will result in claim payment delays.

General Information

(Physician's/Provider's last name)	(First name)	(MI)	(Degree/Title)
(Tax Identification Number [TIN])	(Your existing BCBSNM provider number)	(NUCC Taxonomy Code)	

NPI Information

(Your ten-digit National Provider Identifier)	(Date you received your NPI [MM/DD/YYYY])
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Primary Office Address

(Street address)	(City)	(State)	(Zip Code)
(Phone number)	(Fax number)	(E-mail address)	

Contact Information

(Contact last name)	(Contact first name)	(Your Position / Title)
(Phone number)	(Fax number)	(E-mail address)

Attestation

I hereby certify that the NPI information submitted within this form is accurate and complete in accordance with the confirmation letter or email sent to me by the NPPES Enumerator. I understand and agree that any misrepresentation in this form by omission or affirmative statement may result in reimbursement delays and/or other disruptions in service.

(Signature)	(Date)
(Print name)	(Title)

**Fax this completed submission form, along with your NPI verification or e-mail from the NPPES Enumerator, to:
866-589-8256
npi@bcbsnm.com**