



**National Provider Identification (NPI) Registration Form**

Register your NPI with Empire today and help ensure uninterrupted operations and timely claim payments. Please complete all applicable fields to ensure your NPI is correctly matched to the appropriate provider record.

Provider Name: \* \_\_\_\_\_

NPI Number: \* \_\_\_\_\_

NPI Entity Type Code (1 or 2): \* \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Empire Provider ID Number (EPIN): \_\_\_\_\_

DEA Number: \_\_\_\_\_

Medicare ID: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

NCPDP Number (Pharmacies): \_\_\_\_\_

License State: \_\_\_\_\_

License Number: \_\_\_\_\_

Group Practice Name: \* \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \* \_\_\_\_\_

Office Phone Number: \* \_\_\_\_\_

Taxonomy Code: \_\_\_\_\_



Contact Name: \* \_\_\_\_\_

Title: \* \_\_\_\_\_

Telephone Number: \* \_\_\_\_\_

**\* Denotes Required Information. Please complete all applicable fields to ensure your NPI is matched to the appropriate provider record.**



**Return completed Form by FAX or Mail to:**

**Empire BlueCross BlueShield**  
Attention: Provider Registry  
PO Box 3519  
Church Street Station  
New York, NY 10008-3519

**FAX: 1-518-367-3103**

**Please allow 14-21 days for the update to be completed.**