



National Provider Identifier (NPI) Submission Form



1. Please complete this form online in its entirety.
2. You may submit the **completed** form to Conduent Provider Enrollment by email, fax, or mail.
 - a. If emailing the form, click the "Submit by Email" button. Ensure a copy of the NPI certification form from the NPI enumerator is attached ***in a portable document format(PDF)***.
 - b. If faxing the form, fax to 1-888-495-8169. Ensure a copy of the NPI certification form from the NPI enumerator is included.
 - c. If mailing the form, mail to Conduent Provider Enrollment, P.O. Box 23078, Jackson, MS 39225. Ensure a copy of the NPI certification form from the NPI enumerator is included.

Provider Name

Contact Name

Direct Telephone Number

Fax Number

Email Address

National Provider Identifier

Please indicate if the NPI is for an individual, group, or facility by clicking on the appropriate category listed below.

Individual

Group

Facility

8-digit Mississippi Medicaid Provider Number that corresponds to the NPI

Servicing address which corresponds to the NPI and 8-digit Mississippi Medicaid Provider Number

NOTE: If you need to report multiple NPIs to Mississippi Medicaid, please complete a separate National Provider Identifier (NPI) Submission Form for each NPI.