



## National Provider Identifier (NPI) Submission Form



1. Please complete this form online in its entirety.
2. You may submit the **completed** form to Xerox State Healthcare 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 Xerox State Healthcare 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.