



NPI Submission Form

Please complete all fields for Type I or Type II NPI (whichever applies) in order for CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) to include your NPI information in our system. Please complete the **Office Contact Information** section of this form in the event that we have questions and need to contact you. Thank you.

Type II NPI- Organization

Organization Name:

Provider Type (mark that which applies):

Practice: **Facility:**

Primary specialty:

Tax ID number:

Primary Office Address:

City:

State:

Zip:

CareFirst/CareFirst BlueChoice Provider Number(s):

NPI number:

Type I NPI - Practitioner

Practitioner's Last Name:

First Name:

Middle Initial:

Title:

Primary specialty:

Social Security Number:

Date of Birth:

CareFirst/CareFirst BlueChoice Provider number(s):

NPI number:

Tax ID number:

Office Contact Information

Office Contact Name:

Contact Primary Street Address:

City:

State:

Zip:

County:

Contact Telephone:

Contact Fax Number:

Contact E-mail Address:

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NPI Submission Form - For Provider Use Only

This form is for submitting your National Provider Identifier (NPI) and NPI-related information to CareFirst BlueCross BlueShield and/or CareFirst BlueChoice, Inc.

You may return this form by fax or by mail.

BY FAX:

410-505-2959

BY MAIL:

CareFirst BlueCross BlueShield/CareFirst BlueChoice, Inc.
Provider Information and Credentialing
10455 Mill Run Circle
P.O. Box 825
Mailstop CG- 41
Owings Mills, MD 21117-0825

Questions?

Send an e-mail to NPI@carefirst.com.