PrimeWest HEALTH™

Practitioner National Provider Identifier/ Unique Minnesota Provider Identifier (NPI/UMPI)
Notification/Request

This form is for individual providers only. Please complete the form in its entirety. If a field is not applicable, enter "N/A." An incomplete form may delay processing time. **Fax completed form to PrimeWest Health at 1-320-762-1805 or click *Submit* below.**

1. Provider type code	NPI/UMPI	Degree/Title

2. Complete provider name (**do not abbreviate**)

3. Primary practice address (include business name, if any, and actual street address)

City	State	Zip code	County

4. Gender	**5.** Social Security Number – Used only to register with Minnesota Health Care Programs (MHCP)	**6.** Date of Birth

7. Indicate primary specialty/certification information in the spaces below. If the provider is board certified in any specialty, provide the certification number and the effective date of certification.

Provider Type	***Specialty Code***	***Certification Number***	***Effective Date***
☐ Physician ☐ Certified nurse specialist ☐ Chiropractor ☐ Psychologist ☐ Dentist ☐ Mental health practitioner ☐ Nurse practitioner ☐ EIDBI ☐ Private duty nurse ☐ Other (indicate)			
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8. Indicate license information in the spaces below. List up to three licenses.

License Number	***Original License Date***	***End Date***	***Type of License***	***State***

9. Contact person	Telephone (with area code)	Email

Submit