



Instructions for Completing the TRICARE West NPI Form

Health Net Federal Services offers payments and remittances by National Provider Identifier (NPI) number. The NPI billed on the claim will determine where payment and remittance will be sent. It is critical the information provided below matches how your office will file claims. Inconsistent data will negatively impact claims payment.

If your business requires multiple mailing/payment addresses, please provide an NPI for each. ***If you have more than one NPI, you must complete a separate form for each NPI number.***

Medical Facilities (complete page 3 for each NPI):

- Hospitals must obtain a separate NPI for each Medicare number (for example, HHAs, hospice, emergency room, mental health, rehab, etc.).
- Any subpart that files claims separately requires a unique NPI.
- You must obtain a separate NPI for each unique reimbursement or contract methodology (for example, psych unit, low volume psych, high volume psych, or teaching differential).

Groups, Clinics and Sole Practitioners (complete page 3 for each NPI):

An NPI may be shared across multiple physical locations, however it is critical the information provided on the NPI form matches how your office will file claims. There will only be 1 mailing/payment address per NPI, regardless of the number of physical locations.

Durable Medical Equipment (DME) Suppliers (complete page 4 for each TIN):

As a DME supplier, the Centers for Medicare and Medicaid Services (CMS) requires one NPI per physical location. You will need to provide a separate NPI for each physical location.



TRICARE West National Provider Identifier (NPI) Form

Medical Facility

Group or Clinic

Sole Practitioner

Tax ID Number: _____ NPI Number: _____

Provider Name: _____

Medicare A Number: _____
(required for facilities only)

Contact Person: _____ Contact Telephone: _____

Mailing/Payment Address for this NPI (one per NPI)

Address	City	State	ZIP Code

Please list all Physical Addresses for this NPI

Address	City	State	ZIP Code

You may attach additional pages if necessary.



TRICARE West National Provider Identifier (NPI) Form

DME Supplier

Tax ID Number: _____

Provider Name: _____

Contact Person: _____ Contact Telephone: _____

Please list the Physical Mailing Address for each NPI

NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code

You may attach additional pages if necessary.