

National Provider Identifier (NPI) Submission Form

You can file your NPI with BCBSVT using one of the following methods:

- Using this form
- Provide a copy of the NPI confirmation received from CMS
- If you have more than one provider in your group, a spreadsheet format can be used. The spreadsheet needs to include the provider full name, BCBSVT assigned provider number and the newly assigned NPI.

Please print

Provider's full name (facility, group name; or individual's last name, first name, middle initial)			
Check one			
Facility	Group	Physician	All Other Providers
NPI 10-digit number			
BCBSVT provider number(s) linked to this NPI			
Street address		County	
City	State	Zip Code	
Contact name			
Telephone number			

You can file your NPI by:

- Faxing to the Attention of Provider Files (802) 371-3489
- E-mail to providerfiles@bcbsvt.com
- Mail into BCBSVT, Attention Provider Files, P O Box 186, Montpelier, VT 05601