



Mail to: **WellCare**
Attn: NPI
PO Box 31369
Tampa, FL 33631-3369

Fax to: **(877) 277-1808**

National Provider Identifier (NPI) Submission Form

After receiving your NPI, use this form to register your NPI with WellCare Health Plans. Fax or mail the completed form to the number or address above. If you are an organization with more than 5 subparts and already have a spreadsheet containing your enumeration, you can email it to us at NPI@wellcare.com.

Please fill out all applicable information to the best of your ability. Individual providers should only list one NPI which should be under the **National Provider ID (Primary)** section. Organizational providers should list all of their subparts (whether by address, taxonomy, or other enumeration scheme) under the **National Provider ID (Subparts)** section. Please also indicate whether the NPI relates to an Individual Practitioner (I) or Organization (O) in the **I or O** column.

Provider Information			
Provider's Full Name (Facility, Group, or Individual's Name – Last, First, MI)		Title (MD, DO)	Date of Birth
Street Address		City	State
			Zip Code
WellCare Provider ID	Medical License Number	License State	Tax ID Number (SSN or EIN)
Identifying Information			
Medicaid ID	UPIN	IPA Name	
Contact Information			
Contact Person Name	Telephone Number	Fax Number	
National Provider ID (Primary)			
NPI (10-digit number)	Practice Location (Full Address) or Department	I or O	Taxonomy Code
National Provider ID (Subparts) - <i>For organizations only, please disclose your subparting here.</i>			

** If you require more rows, please continue this section on another page. **