



## Please Submit Your NPI

WELLCARE HEALTH PLANS, INC.  
THE WELLCARE GROUP OF COMPANIES

April 3, 2008

Dear Provider,

Compliance with the National Provider Identifier (NPI) mandate is critical. Not having your NPI number configured in our system will likely affect the timely processing of your claims.

For your convenience, copies of the NPI Submission Forms (Type 1 and Type 2) are included with this notice.

***Please be advised providers participating with WellCare of Georgia will continue to be required to enroll in the Georgia Medicaid program, obtain a Georgia Medicaid ID and file the Georgia Medicaid ID with WellCare, in addition to submitting all claims with the NPI.***

Please submit Your NPI Number to WellCare by [April 18, 2008](#).

### 1. Fax Submission

Complete the applicable Type 1 or Type 2 form attached. Be sure to complete all required fields of the form and submit it to WellCare by **fax** to: **(813) 283-3627**.

### 2. E-mail Submission

Select the appropriate form from the attached and submit it via e-mail to [Joshua.Luft@wellcare.com](mailto:Joshua.Luft@wellcare.com). The e-mail option is particularly helpful when your submission is for an organization with more than five subparts and you already have a spreadsheet containing your enumeration.

### Multiple or Group NPI Submissions

If you choose to submit a spreadsheet or other document with a list of NPIs, please include the respective name, address, Georgia Medicaid ID, WellCare ID, Tax ID, taxonomy, social security number and date of birth for each provider listed.

For questions regarding this notice please, contact your Provider Relations representative or the Provider Hotline at **(866) 231-1821**.

Thank you,  
WellCare of Georgia, Inc.

211 Perimeter Center Parkway  
Suite 800  
Atlanta, Georgia 30346



Fax to: **(813) 283-3627**

## National Provider Identifier (NPI) Submission Form (Type 1 – Individual)

Provider Information Type 1 - Individual			
1. Provider's Full Name (Last, First, Middle Initial)		2. County	3. State
4. Social Security Number - -	5. WellCare Provider ID	6. Georgia Medicaid ID	
7. Practice Location (Street, City, State, ZIP Code)		8. Provider Date of Birth	9. Medical License Number
10. NPI (10-digit number)	11. Specialty	12. Taxonomy Code	
Contact Information			
13. Contact Name	14. Telephone Number	15. Fax Number	
	( ) - -	( ) - -	



Fax to: **(813) 283-3627**

## National Provider Identifier (NPI) Submission Form (Type 2 – Organizational)

Provider Information Type 2 - Organizational (Primary)			
1. Provider's Full Name (Facility Name or Individual's Name – Last, First, MI)		1a. Check below if Name is Pay-to-Provider/Vendor <input type="checkbox"/>	2. County
		3. State	
4. Tax ID Number	5. WellCare Provider ID	6. Georgia Medicaid ID	
7. NPI (10-digit number)	8. Practice Location (Street, City, State, Zip Code)	9. Specialty	10. Taxonomy Code
<b>Contact Information</b>			
11. Contact Person Name		12. Telephone Number	13. Fax Number
		( ) - -	( ) - -
<b>National Provider ID Type 2- Organizational (Subparts) –</b> <i>For organizations only, please disclose your subpart enumeration if applicable</i>			
14. NPI (10-digit number)	15. Practice Location (Street, City, State, Zip Code)	16. Specialty	17. Taxonomy Code

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