

NPPES
National Plan & Provider Enumeration System

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ
I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

ANNOUNCEMENTS

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
- At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

NPPES
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SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

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SIGN IN

FORGOT USER ID OR PASSWORD?

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ANNOUNCEMENTS

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

MEDICAL CENTER

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

To learn more about Multi-Factor Authentication (MFA) [click here](#)

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- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* Indicates required field(s)

* **User ID:**

* **Password:**

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information.

[Create an account in the Identity & Access Management System](#)



Use this system to register for Medicare or update your current enrollment information.



Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.



Use this system to apply for and manage National Provider Identifier (NPIs).

User Registration

* Indicates required field(s)

Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

* E-mail Address:

* Confirm E-mail Address:



[Listen to audio](#)

* Enter the text from the image above:

Submit

[Cancel](#)



Quick Reference Guide

Overview of features and tools to manage your account.



Frequently Asked Questions

Answers to common questions about registration, who should register, and how to manage your account.

User Registration - User Security



* Indicates required field(s)

* **User ID:**

* **Password:**

* **Confirm Password:**

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- ✗ Must be 8-12 alphanumeric characters.
- ✗ Must contain at least one letter.
- ✗ Must contain at least one number.
- ✗ Must contain at least one **valid special character**.
- ✗ Must not contain any invalid special characters.
- ✗ Must not start with numeric characters.
- ✗ Must not contain three repeating characters.
- ✗ Must not be the same as your User ID.
- ✗ Password must match Confirm Password.

Please select five different security questions and enter their answers below:

* Question 1: Select One <input type="text"/>	* Answer 1: <input type="text"/>
* Question 2: Select One <input type="text"/>	* Answer 2: <input type="text"/>
* Question 3: Select One <input type="text"/>	* Answer 3: <input type="text"/>
* Question 4: Select One <input type="text"/>	* Answer 4: <input type="text"/>
* Question 5: Select One <input type="text"/>	* Answer 5: <input type="text"/>

Continue 

Cancel

User Registration - User Information

Step 1 User Security
 Step 2 User Info
 Step 3 MFA Setup
 Final Review

Please provide the details below. They will be used to verify your identity.

[Back to Previous Page](#)

* Indicates required field(s)

<p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>* Date of Birth: (MM/DD/YYYY) <input type="text"/></p> <p>* SSN: <input type="text"/></p> <p>Primary E-mail Address: hannahbercot89@gmail.com</p>	<p>* Personal Phone Number: <input type="text"/></p> <p>* Home Address Line 1: <input type="text"/></p> <p>Home Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* Country: United States <input type="text"/></p> <p>* State/ Province/ Territory: SE - Select One <input type="text"/></p> <p>* Postal/ZIP Code: <input type="text"/></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Continue | [Cancel](#)

User Registration - Multi-Factor Authentication (MFA) Setup

Step 1 User Security
 Step 2 User Info
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* Indicates required field(s)

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* **Authentication Method:**
Select Primary Authentication Method

Continue | [Cancel](#)

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

* Indicates required field(s)

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A Text/SMS was sent to [REDACTED]

* Enter Code:

Haven't received a Text/SMS yet? [Resend Text/SMS](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

[Verify Code](#) | [Cancel](#)

Identity & Access Management System

[Help](#)

User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

ⓘ Congratulations, your Phone Number (260) 908-6517 was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

[Begin Alternative Setup](#)

[Complete Registration](#) | [Cancel](#)

User Registration - Registration Complete

Step 1 User Security Step 2 User Info Step 3 MFA Setup Final Complete

📌 Congratulations, your E-mail hannahbertcot89@gmail.com was successfully verified and your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Delegated Official associated with your employer to grant you access; or you can ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

Continue To Home Page

Home My Profile My Connections

Home

Welcome to the Identity and Access Management System!

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Are you responsible for an Organization?

If you are the Authorized or Delegated Official for a Healthcare Organization (or a 3rd Party Company, such as a billing or credentialing management company that does not provide health care services, but works on behalf of health care providers), select the My Profile section and add your employers to begin the approval process.

None of above?

If you do not match either description above, please review the Frequently Asked Questions (FAQ) below and/or contact your supervisor and ask that they invite you to register as a member of their staff. If they have not registered already, they will need to do so.

News & Alerts

📌 EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
<https://eus.custhelp.com>



National Provider System Main Page

Apply for a National Provider Identifier (NPI)

Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.



Apply for an NPI for myself



Apply for an NPI for another individual

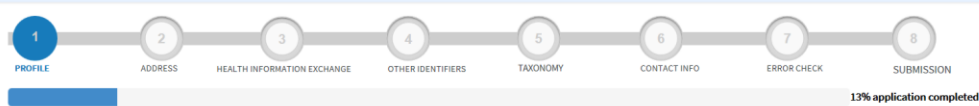


Apply for an NPI for an Organization

Manage Provider Information

You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

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- PROVIDER
- Hannah Bercot**
- Provider Profile
- Address
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- Taxonomy
- Contact Information
- Error Check
- Submission



Provider Profile

* Indicates Required fields.
 Note: Fields with will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix: First: Middle: Last: Suffix:

Type of Other Name: Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: * TIN Type: SSN * Tax Identification Number(TIN):

* State of Birth:(If U.S.) Country of Birth: US - United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Demographic Information(optional)

Ethnicity:	Race:
<input type="radio"/> No, not of Hispanic, Latino/a or Spanish Origin	<input type="radio"/> White
<input type="radio"/> Yes, Hispanic, Latino/a or Spanish Origin	<input type="radio"/> Black or African American
	<input type="radio"/> American Indian or Alaska Native
	<input type="radio"/> Asian
	<input type="radio"/> Native Hawaiian or other Pacific Islander

Primary Language Spoken:

Secondary Language(s) Spoken: (Multiple languages can be selected)

NEXT >

CANCEL & RETURN TO MAIN PAGE

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31% application completed

Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)
This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

ADD A BUSINESS MAILING ADDRESS

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

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50% application completed

Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)
This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

EDIT BUSINESS MAILING ADDRESS

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Primary Location	Address	City	State/Province/Region	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>						English	

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63% application completed

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

Endpoints should not include personal email information.

* Endpoint Type: Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No * Endpoint Location: [Add New Endpoint Location](#)

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

SAVE

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Hannah Bercoff

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63% application completed

Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them. DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

* Issuer:

* Identification Number: (DO NOT ENTER SSN, ITIN OR EIN) State Issued: (if applicable)

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...

Issuer	Other Issuer	State Issued	Identification Number	Actions

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63% application completed

Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

* Practice Type:

Not a Group Multi-Specialty Single Specialty Multiple Single Specialty

Choose Taxonomy Filter: * Choose Taxonomy:

Filter by Taxonomy name or Taxonomy code. Choose Taxonomy

* Classification Name/Specialization: License Number: State Issued:

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

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 63% application completed

Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

You have indicated on the Provider Profile page that the Provider is a Sole Proprietor.

* Practice Type: Sole Proprietor Not a Group Multi-Specialty Single Specialty Multiple Single Specialty

Choose Taxonomy Filter: * Choose Taxonomy:

Filter by Taxonomy name or Taxonomy code. License Number: State Issued:

* Classification Name/Specialization:

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 69% application completed

Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

[ADD CONTACT INFORMATION](#)

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PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO **7 ERROR CHECK** SUBMISSION
 94% application completed

Error Check

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile

COMPLETED: Profile
No Errors Found [REVIEW](#)

Step 2: Address

COMPLETED: Address
No Errors Found [REVIEW](#)

Step 3: Health Information Exchange

COMPLETED: Health Information Exchange
No Errors Found [REVIEW](#)

Step 4: Other Identifiers

COMPLETED: Other Identifiers
No Errors Found [REVIEW](#)

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PROVIDER

Hamish Bercot

Provider Profile

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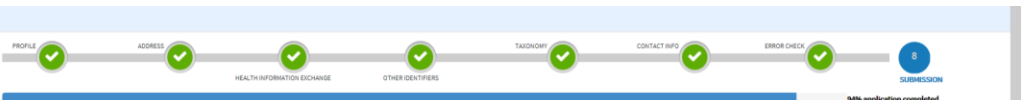
Other Identifiers

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Submission



Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

MAIN PAGE

Submission Confirmation

Thank you. Your application will be processed. Your Tracking number is [REDACTED]

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](#).

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

To print this page for your reference, click:

[PRINT THIS PAGE](#)

Please Note: This page printout may contain sensitive information.

To View or print this application click:

[VIEW PRINTED FRIENDLY VERSION OF APPLICATION](#)

The NPI Enumerator may be contacted Monday through Friday, 9am to 5pm (Eastern Time)* as follows:

By Phone:
 1-800-465-3203 (NPI Toll-Free)
 1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with speech difficulties)

By Email: