



東北醫療中心

Provider NPI Registration Form

Please complete, sign and return with a copy of the provider's National Provider Identifier (NPI) enrollment confirmation.

Please fax to the NEMS MSO Department at 415-433-4726.

Full Provider Name and Title: _____

Provider NPI Number: _____

Provider Specialty: _____

Federal Tax ID Number: _____

Legal Business Name: _____

Business Address: _____

Office Phone Number: _____

Office Fax Number: _____

Provider CA License Number and Expiration: _____

If you have questions or concerns, please contact Dai-Lin Tang at the NEMS MSO Department at 415-391-9686 ext. 5948.

Signature of Provider / Representative

Date