



NPI DATA SHEET

National Provider Identification

I. Contact Information

Contact Person for application: _____

Contact Cell Number: _____ Contact Email: _____

II. Facility Information

Facility Name: _____

Facility Full Address: _____

Facility Phone: _____ Facility Fax: _____

Facility Email: _____

III. Owner Information

Name of Owner #1: _____

Phone: _____ Email: _____

Social Security #: _____ D.O.B.: _____

Home Full Address: _____

Contact Phone #: _____ Email: _____

Name of Owner #2: _____

Phone: _____ Email: _____

Social Security #: _____ D.O.B.: _____

Home Full Address: _____

Contact Phone #: _____ Email: _____

Name of Owner #3: _____

Phone: _____ Email: _____

Social Security #: _____ D.O.B.: _____

Home Full Address: _____

Contact Phone #: _____ Email: _____

Please return the information to
Email: office@arrendells.com



Name of Owner #4: _____

Phone: _____ Email: _____

Social Security #: _____ D.O.B.: _____

Home Full Address: _____

Contact Phone #: _____ Email: _____

IV. Execute

I hereby agree that the information provided is true and correct to the best of my ability. I understand that the information submitted, is for the purpose to obtain an NPI number for billing purposes. I understand that additional information may be needed and I will provide correct and true information when requested.

Signature: _____ Date: _____

The process can take up to 72 hours for a number to be assigned.