



Instructions for Completing the TRICARE West NPI Form

TriWest Healthcare Alliance offers payments and remittances by National Provider Identifier (NPI) number. The NPI billed on the claim will determine where payment and remittance will be sent. It is critical the information provided below matches how your office will file claims. Inconsistent data will negatively impact claims payment.

If your business requires multiple mailing/payment addresses, please provide an NPI for each. ***If you have more than one NPI, you must complete a separate form for each NPI number.***

Medical Facilities and Institutions(complete page 3 for each NPI):

- Hospitals must obtain a separate NPI for each Medicare number (for example, HHAs, hospice, emergency room, mental health, rehab, etc.).
- Any subpart that files claims separately requires a unique NPI.
- You must obtain a separate NPI for each unique reimbursement or contract methodology (for example, psych unit, low volume psych, high volume psych, or teaching differential).

Groups, Clinics and Sole Practitioners (complete page 3 for each NPI):

An NPI may be shared across multiple physical locations, however it is critical the information provided on the NPI form matches how your office will file claims. There will only be 1 mailing/payment address per NPI, regardless of the number of physical locations.

The NPI on the form should be the NPI for the group/clinic or for the solo practice. Payments are not made to the individual renderings affiliated to the group so their information should not be included on this form.

Durable Medical Equipment (DME) Suppliers (complete page 4 for each TIN):

As a DME supplier, the Centers for Medicare and Medicaid Services (CMS) requires one NPI per physical location. You will need to provide a separate NPI for each physical location.



TRICARE® West Provider Data Management

NPI Form

PO Box 202169
Florence, SC 29502-2169
Secure fax: 877-989-0066

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You may attach additional pages for each unique NPI if necessary.



TRICARE West National Provider Identifier (NPI) Form

For DME Supplier Only

Tax ID Number: _____

Provider Name: _____

Contact Person: _____ Contact Telephone: _____

Please list the Physical and Mailing Address for each unique NPI.

NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code
NPI	Physical Address	City	State	ZIP Code
	Mailing/Pay-To Address	City	State	ZIP Code

You may attach additional pages if necessary.