



HIP HEALTH PLAN OF NEW YORK
 55 WATER STREET
 NEW YORK, NY 10041-8190

NATIONAL PROVIDER IDENTIFIER (NPI)
 REPORTING SHEET

Fax To: HIP HEALTH PLAN OF NEW YORK	Fax From:
Fax Number: 1-866-593-6986	Fax Number:
Number of Page(s):	

Provider Name: _____

Provider Address: _____

Telephone: _____

Provider Number: _____

My Individual NPI is: _____

My Group NPI is: _____

Group Name: _____

Group Tax ID Number: _____

Submitted by: _____

(Signature)

Date: _____

Print Name: _____

Contact Number: _____

Have questions? Please call our Provider Relations Service Team at 1-866-447-9717, option 5.

This message is a PRIVILEGED AND CONFIDENTIAL communication, and is intended only for the individual(s) named herein or others specifically authorized to receive the communication. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender of the error immediately. Do not read or use the communication in any manner, destroy all copies and delete it from your system if the communication was sent via e-mail. Thank you.