LEADER SERVICES
A Division of LDP, Inc.

HIPAA NPI REQUEST AUTHORIZATION

As a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) Regulations, your LEA is required to obtain a National Provider Identifier (NPI). For health care providers, the NPI will become the single provider number required for claim submission, eligibility inquiries, claims reconciliation, and other electronic transmissions. Currently, health care providers have different provider numbers for Medicaid, Medicare, and other contracted private insurers.

To request the NPI, both electronic and paper vehicles are available. With your authorization, Leader will obtain the NPI for you electronically. We will enter your LEA's information, obtain the number and provide both you and the state Medicaid agency with the number. Should you elect to request the NPI on your own, information and instruction on the process can be obtained at https://nppes.cms.hhs.gov or via phone at 1-800 465-3203. Other general information concerning the NPI can be obtained at www.cms.hhs.gov/hipaa/hipaa2. Please provide the NPI to Leader after you obtain it.

The NPI application form is included with this authorization document. Some of the demographic information for your LEA is pre-entered. If any of the information is incorrect, please cross it out and correct it. Complete the applicable shaded areas, and either mail a copy to our Hazleton address, or fax it to Leader at 1 570 455-4526, ***Attention NPI.*** You should keep the original completed documents in your LEA Medicaid records, along with the NPI, when you receive it. Because we anticipate a large volume of NPI requests, we encourage you to complete the documents and send them as soon as possible. Requests will be entered in the order in which they are received. Leader is aware that a few LEAs currently have more than one Medical Assistance provider number. Please call your Account Manager to discuss NPI options.

Please complete the following information:

I authorize Leader Services to request an NPI.

LEA Name: _____

Authorized by: _____

Signature: _____

Title: _____

E-mail Address: _____

Telephone Number: _____

Date: _____

Please contact Leader if you have any questions. Thank you for your attention.

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