Beacon Health

Preferred NPI2 Designation Form

Effective Date:

A. In-Network NPI2 **(CURRENT NPI2)**	B. Preferred NPI2 **(NEW NPI2)**
NPI2:	NPI2:
Tax ID:	Tax ID:
Practice name:	Practice name:
Address1:	Address1:
Address2:	Address2:
City, State, Zip:	City, State, Zip:
Address Must Match Claims	Address Must Match Claims

PROVIDERS
Please list all providers utilizing each NPI2 by checking the appropriate box(s).

In-Network: Preferred:

Name: Provider NPI:

Signed: Date:

Name(Printed):

Title:

Phone: