



NPI Provider Notification Form

Register your National Provider Identifier (NPI) with AvMed Health Plans using this form. Complete all data elements. If you register for more than one NPI, complete this form for each NPI and **include a copy of the confirmation notice for each one.**

Provider's full name (Facility, Ancillary, or individual Physician's Last name, First name, Middle initial)	
Name of contact person	Telephone Number for contact person
Check one <input type="checkbox"/> Physician/Individual <input type="checkbox"/> Facility <input type="checkbox"/> Ancillary Provider <input type="checkbox"/> All other Providers <input type="checkbox"/> Physician/Group	
NPI 10-digit number	
AvMed Provider Number(s) linked to this NPI Number	

- Please mail this form with the NPI confirmation notice to:

**AvMed Health Plans
Network Processing and Reimbursement
PO Box 749
Gainesville, FL 32602-0749**

- You may also fax this form with the NPI confirmation notice to: (352) 337-8688

If you have any questions, please call the Provider Service Center at 1-800-452-8633, Option3.