

**AHCCCS PROVIDER REGISTRATION
SUBMISSION OF INDIVIDUAL NATIONAL PROVIDER ID**

Example LEA Individual NPI Submission – (One page per Provider)

LEA Name: Arizona Unified School District
Group Biller ID: 555555 (6-digit AHCCCS LEA ID)
Date: May 31, 2007

Provider Name: Sam Jones, RPT
AHCCCS Provider ID: 999999 (6-digit AHCCCS Provider ID)
NPI: 9999999999 (10-digit NPI)

LEA Representative Name: Sally Smith
Signature: _____
Date: 5/31/2007

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LEA Individual NPI Submission – (One page per Provider)

LEA Name: _____

Group Biller ID: _____

Date: _____

Provider: _____

AHCCCS Provider ID: _____

NPI: _____

LEA Representative Name: _____

Signature: _____

Date: _____