

## **NPI Instructions**

### **Information Required for Individual Providers includes:**

Provider Name (your full legal name as it appears or will appear on your Social Security Card)

Social Security Number (SS#)

Provider Date of Birth

Country of Birth

State of Birth (if you were born in the U.S.)

Provider Gender

Business Mailing Address (your local program address)

Business Practice Location Address

Residents should use

University of Tennessee

920 Madison Avenue Suite 447

Memphis, TN 38163

Business Practice Phone Number

Medicine Residents use Phone #: 901.448.3714

Pediatrics Residents use Phone #: 901.287.6756

Surgery Residents use Phone #: 901.448.7635

OB/GYN Residents use Phone #: 901.448.4795

Orthopaedic Residents use Phone #: 901.759.3275

Med/Peds Residents use Phone#: 901.448.3714

All other residents use the phone number of your program on the link

below: <http://www.uthsc.edu/GME/documents/departments.pdf>

**Do NOT list the GME office number as your Business Phone Number.**

Taxonomy Code (Provider Type) (Unless you have a full and restricted state license, use license, use taxonomy code # 390200000X which indicates that you are a student in a health care institution. Most of our residents do not have a full license and are instead covered by a resident license exemption, so they will use the 390200000X code. If you have a full state license, select the taxonomy code for the specialty in which you are training.)

\* State License Information (Leave this blank unless you have a full and unrestricted state license.)

Contact Person Name (Enter your own name here)

Contact Person Phone Number and Email (Enter your local or cell phone and personal email.)

Once you are notified by email of your NPI #, please email it to your Residency Coordinator with a copy to [gme@uthsc.edu](mailto:gme@uthsc.edu)