



Health Plan
P.O. Box 27489
Albuquerque, NM 87125-7489
Phone (505) 923-5700
www.phs.org

May 8, 2007

URGENT REQUEST

Dear Healthcare Practitioner and Office Staff:

Attention: This could potentially jeopardize your claims reimbursements in the near future.

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) are dedicated to our practitioner and provider network by ensuring that you have the information that is needed for you to continue to provide excellent care to our members.

We wanted to provide you with the following information regarding an issue that will impact your reimbursements from Presbyterian and other Health Plans in the near future.

You are receiving this letter because we have yet to receive your National Provider Identifier and/or Taxonomy Number and the compliance deadline per CMS is May 23, 2007. Presbyterian has been notifying your office since February 2006 requesting that you supply this information to us as soon as possible. If you do not share your NPIs with us prior to this compliance date, we cannot guarantee that your NPI and Taxonomy Number will be loaded into our systems, validated, and tested in time to assure timely reimbursements.

If you have not yet obtained your NPI, you may apply for it online at <https://nppes.cms.hhs.gov> or call the Enumerator Customer Service Number for a paper application form or with any questions that you may have when completing the application. Their phone number is 1-800-465-3203 or TTY 1-800-692-2326.

If you have received your NPI, please share it along with your Taxonomy Number with any provider with whom you do business, Health Plans and organizations where you have staff privileges. Please forward a copy of your confirmation notice from the NPPES Enumerator to:

- provcare@phs.org and list NPI in the subject line
- Fax it to 505-923-5400 – Attention NPI Representative
- Mail to: Presbyterian Provider CARE Unit
P.O. Box 25283
Albuquerque, NM 87125-5283

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We appreciate your commitment to providing excellent care and service to our members. As always, thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,

A handwritten signature in black ink that reads "Bert Larence". The signature is written in a cursive, flowing style.

Bert Larence
Manager, Provider Services CARE Unit
Presbyterian Health Plan
(505) 923-5650
blarence@phs.org
PPC 040709