

# NPI Contingency/Corrective Action Plan (Pharmacies Only)

Instructions: Please complete all three sections, Sections A, B and C and return the completed form to ACS by May 15, 2007.

## **SECTION A: Provider Information**

Provider Name: \_\_\_\_\_

NPI(s): \_\_\_\_\_

NCPDP ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

## **SECTION B: Reason for Noncompliance**

**Not obtaining an NPI is not an acceptable reason for noncompliance.**

I will not be in compliance with the requirement to use an NPI by the May 23<sup>rd</sup> federal deadline for following reason(s):

- Switch Vendor** is not able to accept NPIs.
- Other:** \_\_\_\_\_  
\_\_\_\_\_

Provide the name of the Clearinghouse, Vendor Software or Billing Agent if you marked one of those three boxes above.

## **SECTION C: Corrective Action Plan**

Please explain your plan to be compliant with the NPI mandate. If you need more space, continue on the back of this page or attach additional pages.

Return this form to:  
ACS Provider Relations  
Attn: NPI Unit  
P.O. Box 667  
Cheyenne, WY 82003-0667  
FAX: 307-772-8405