Instruction Manual for NPI Registration and Maintenance

Failing to obtain an NPI number will result in a delayed training start date

Use these instructions to register for a National Provider Identification (NPI) number required for all incoming residents/fellows

Index

Click the links below to go to the instructions applicable to you.

NPI REGISTRATION

The NPI Enumerator may be contacted Monday through Friday, 9am to 5pm (Eastern Time)* as follows:

By Phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with speech difficulties)

By Email:
customerservice@npienumerator.com
By Mail:

NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751
*Holiday hours may vary

Additional Application Help: https://nppes.cms.hhs.gov/webhelp/index.html

NEW NPI REGISTRATION - WITH SSN

1. Go to https://nppes.cms.hhs.gov

2. Click on Create a Login. You will be re-directed to a CMS Identity & Access (I & A) page. Create a login through the I & A Management System.

   *You will utilize this login throughout your entire clinical experience to update your clinical practice locations, NPI information, and other provider enrollments that require I&A for sign-in.

3. Sign out of the Identity and Access account.

4. Go to https://nppes.cms.hhs.gov

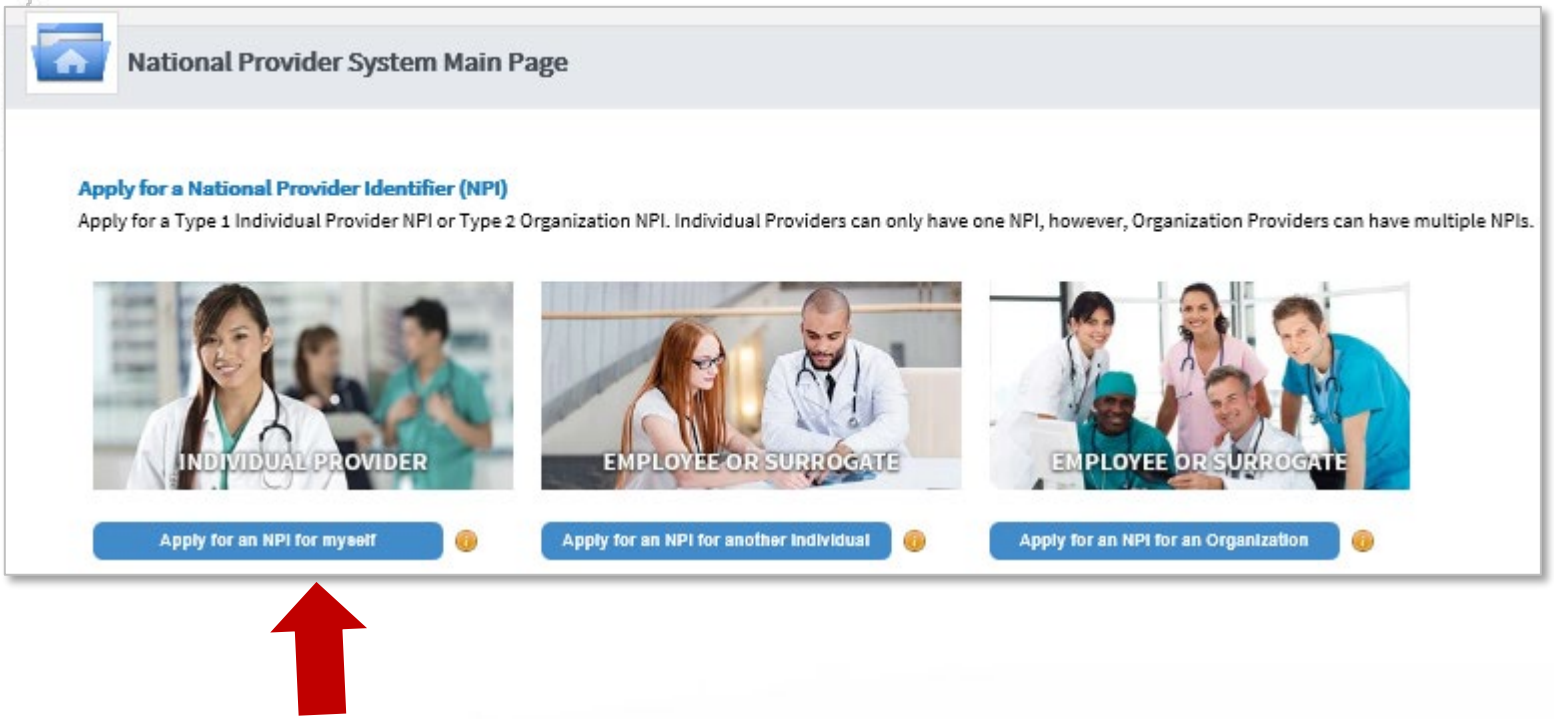
5. Folow the instructions on the next page to register for an NPI number.

INDEX

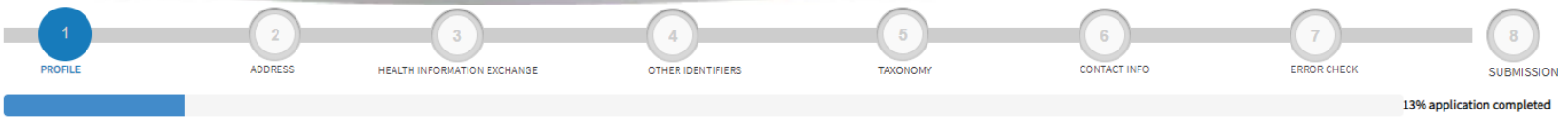
Initial Application for Myself – Type 1

Initial Application - Myself

- Upon logging in with the I&A established User ID and password, the user can select Apply for an NPI for myself.



Initial Application – Provider Profile



Provider Profile

* Indicates Required fields.

Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: | * First: Henry | Middle: Alan | * Last: Jones | Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix: | First: | Middle: | Last: | Suffix:

Type of Other Name: | Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: [redacted] | * TIN Type: SSN | * Tax Identification Number(TIN): [redacted]

* State of Birth:(If U.S.) | Country of Birth: US - United States

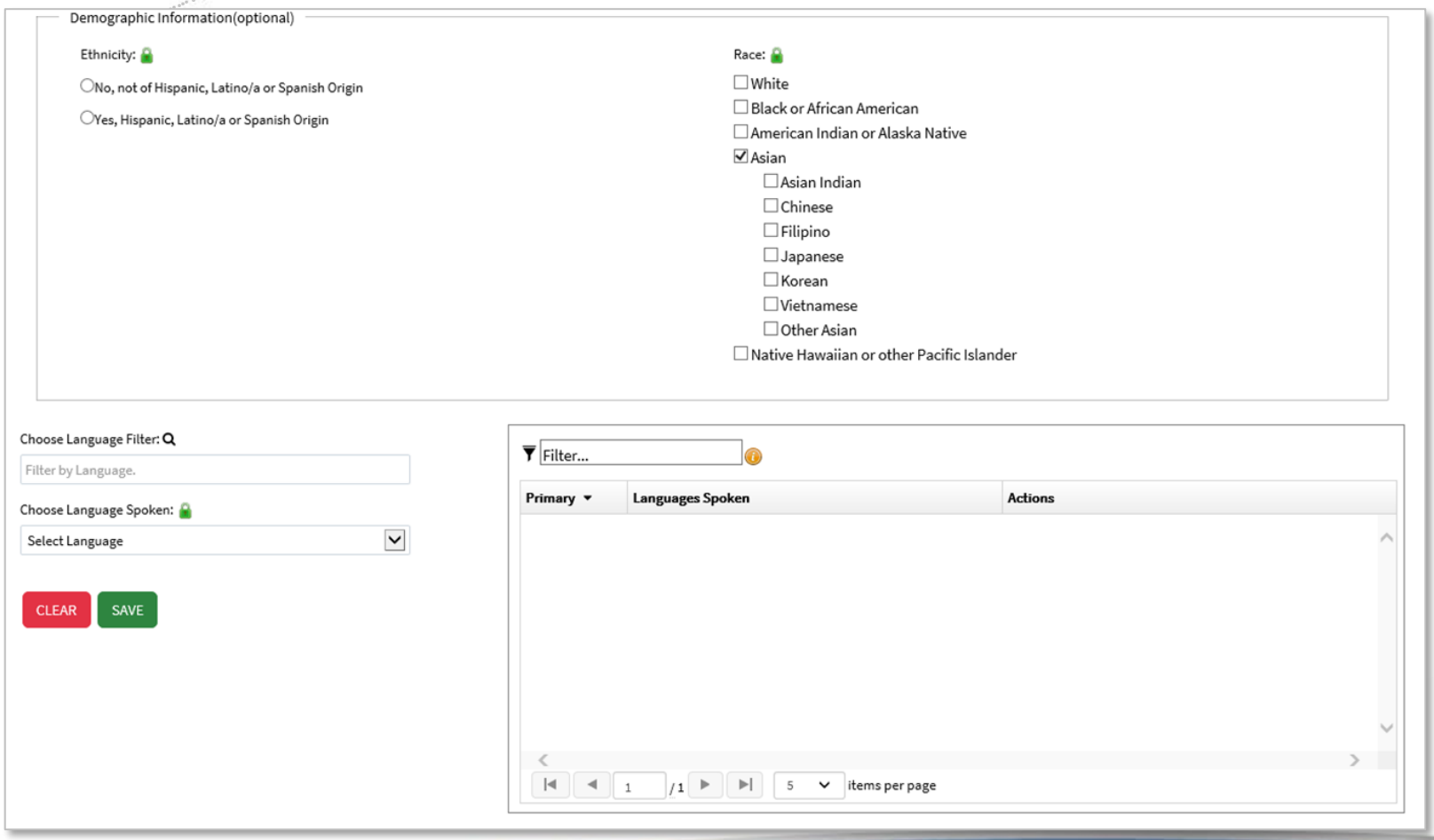
* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Initial Application - Provider Profile

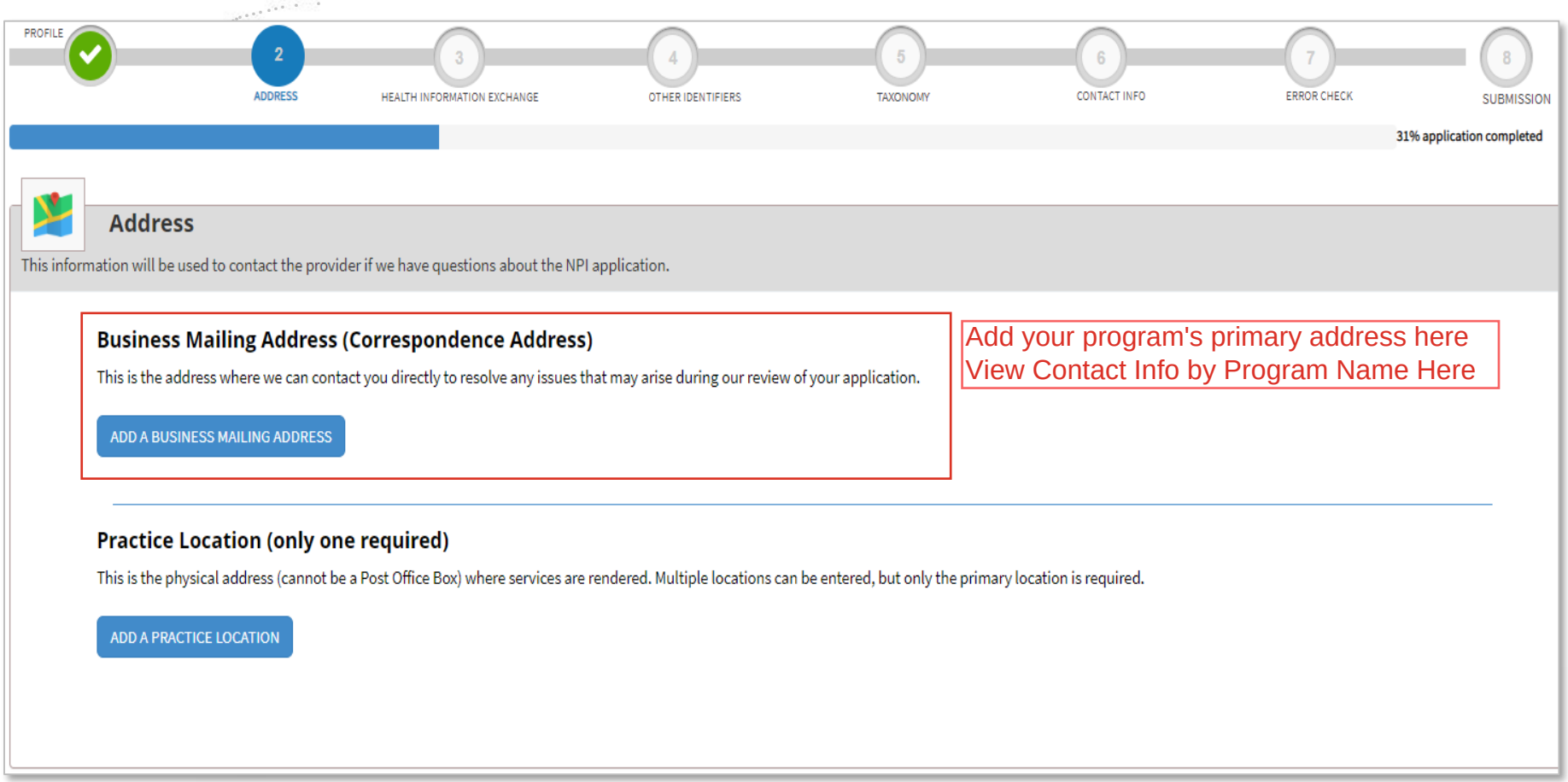
Tip: Once a radio button is selected, it can be changed; however the selection cannot be removed completely.

Provider Profile – Optional Information

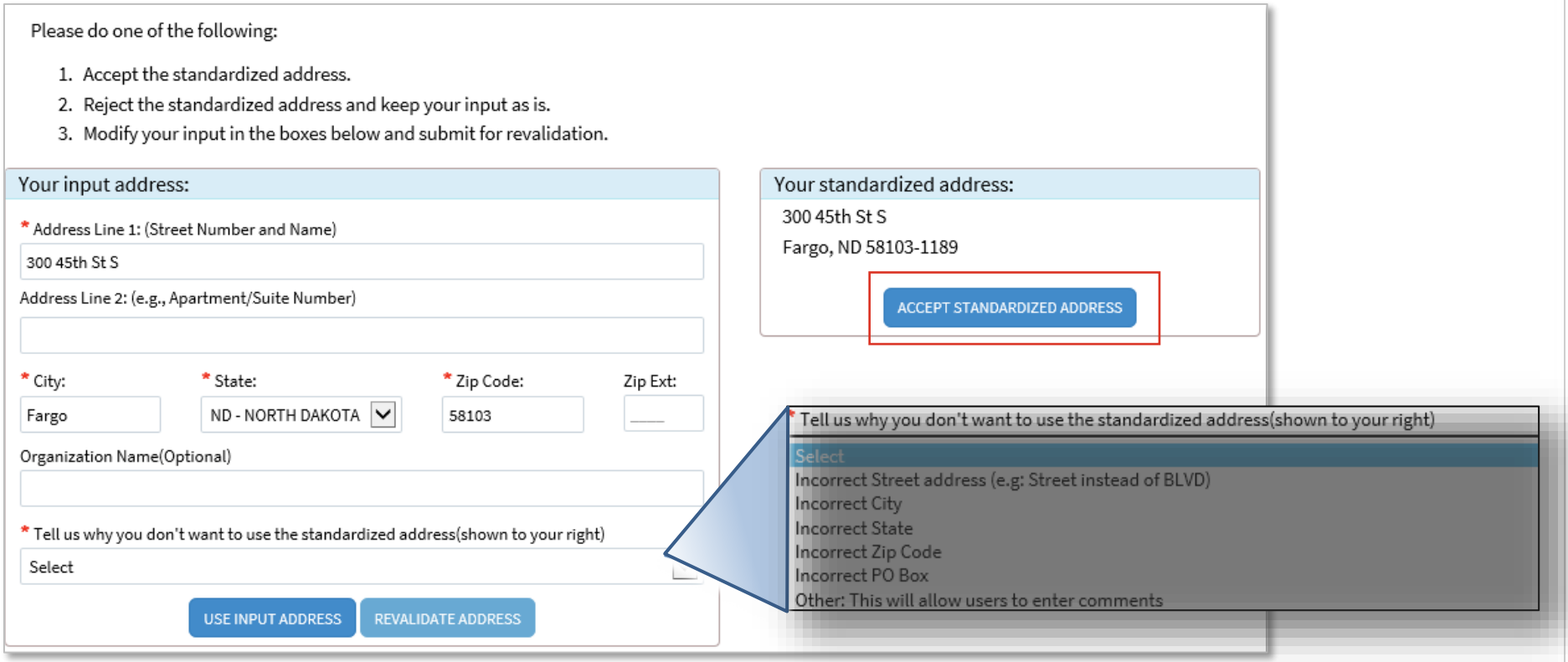


Initial Application - Address

- Users must provide both a **Business Mailing Address** and, at minimum, one **Practice Location.**

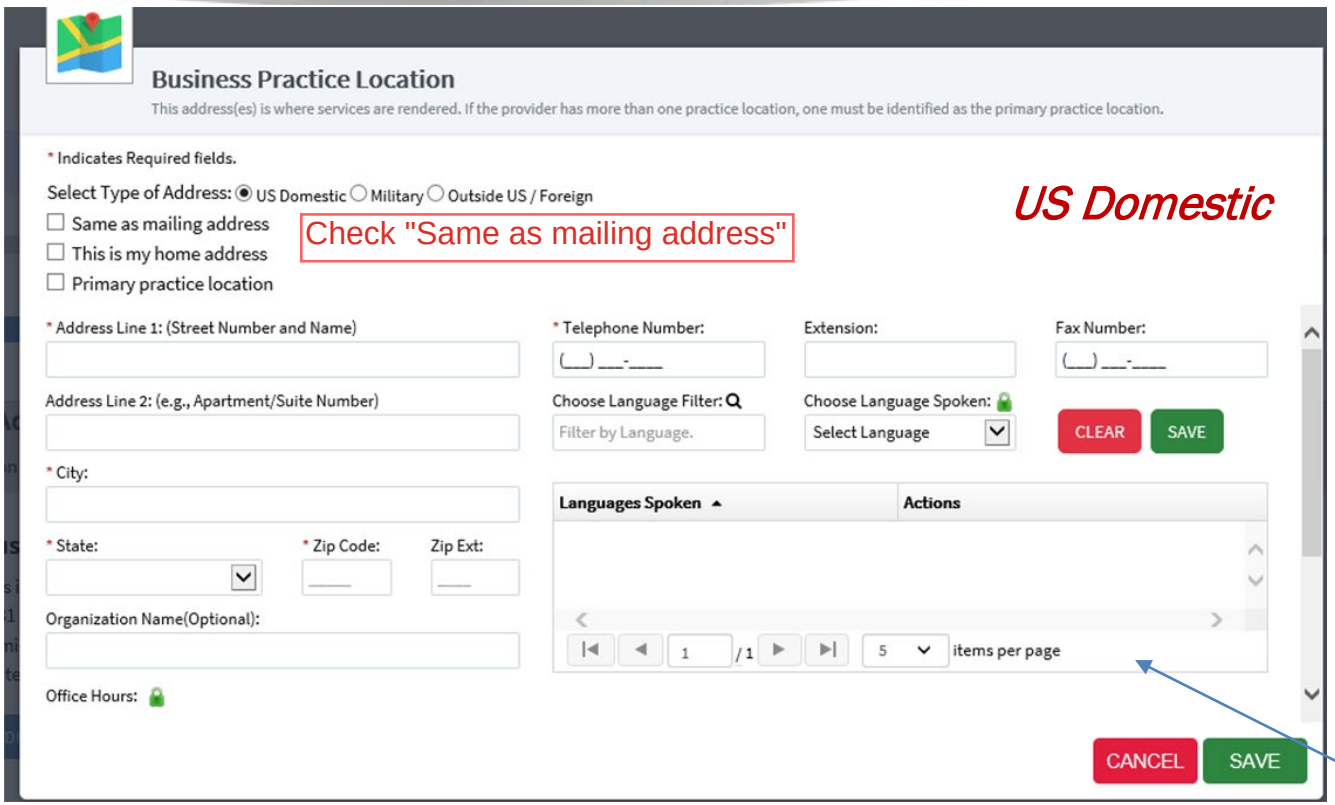


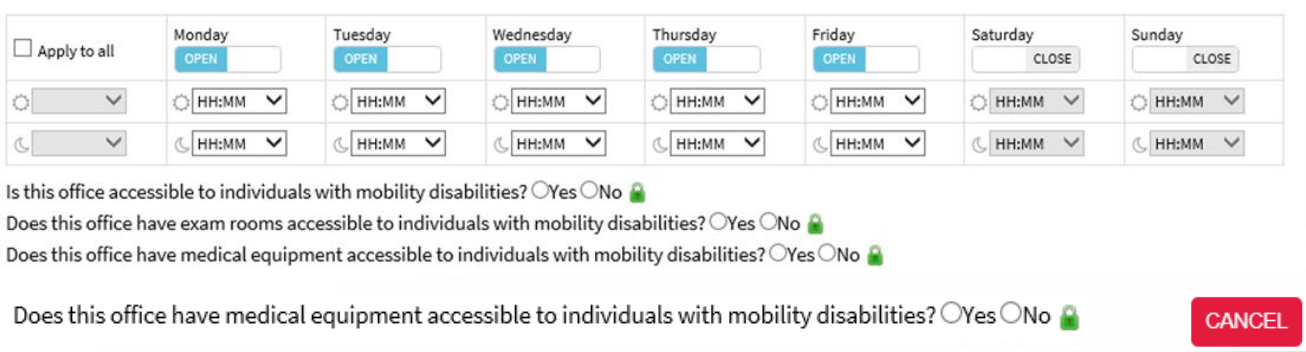
Business Mailing Address Verification



- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.
- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.
- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

Business Practice Location

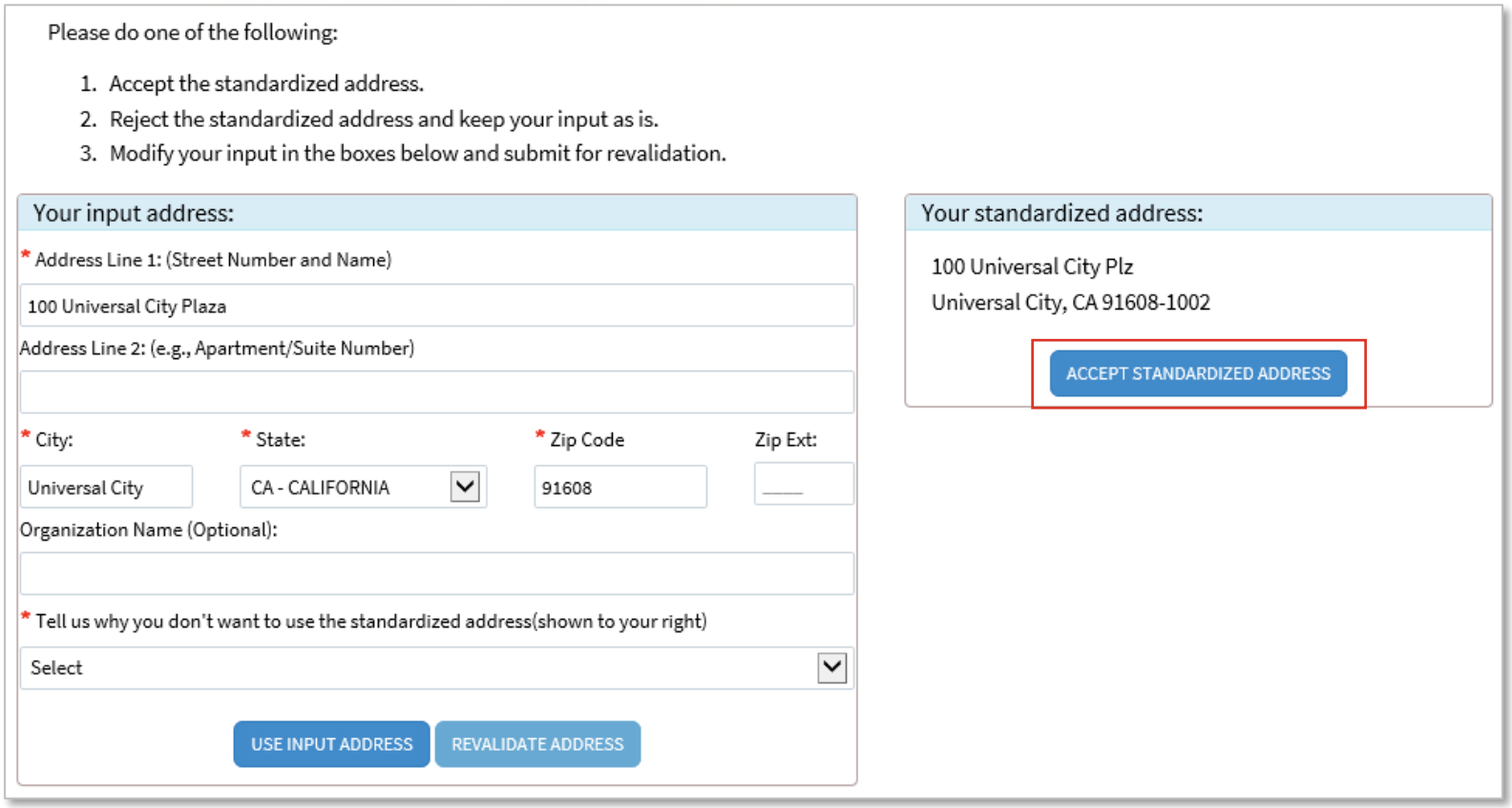




Do not enter optional information

Optional Information

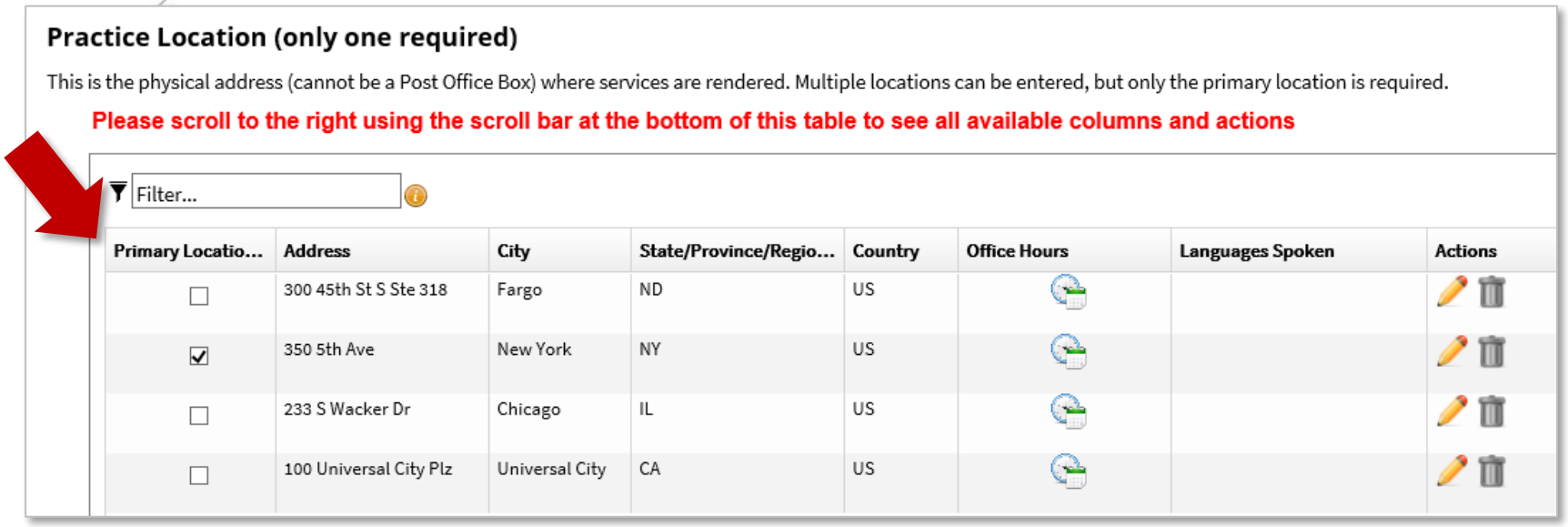
Business Practice Location Verification



- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than was input.
- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.
- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

Business Practice Location– Additional Locations

- Once additional practice location(s) are added, the user must select one practice location as a **Primary Location**.



Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
☐	300 45th St S Ste 318	Fargo	ND	US			
☑	350 5th Ave	New York	NY	US			
☐	233 S Wacker Dr	Chicago	IL	US			
☐	100 Universal City Plz	Universal City	CA	US			

- The pencil or trash can be utilized at any point to edit or delete information that has been entered on the application.

Add secondary sites for any programs that list them.

View Contact Info by Program Name Here

Taxonomy

These two sections are optional

Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company's web page.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy

* Classification Name/Specialization:

License Number:

State Issued:

CLEAR SAVE

If you have never held a license and do not currently have an issued Pennsylvania license you will select: Student Health Care; 390200000X - STUDENT IN AN ORGANIZED HEALTH CARE EDUCATION/TRAINING PROGRAM.

IMPORTANT: YOU ARE REQUIRED TO LOG BACK IN TO NPPES AND UPDATE YOUR TAXONOMY CODE ONCE YOUR LICENSE IS ISSUED.

Those of you that have been issued a license should select the correct Taxonomy code and enter your license information where requested. Find your taxonomy code here: https://taxonomy.nucc.org/

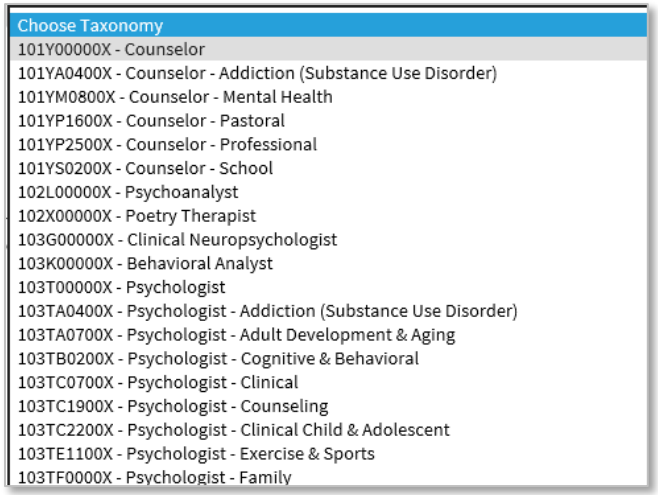
If you are a pharmacy resident then you will use: Pharmacist; 183500000X

Taxonomy

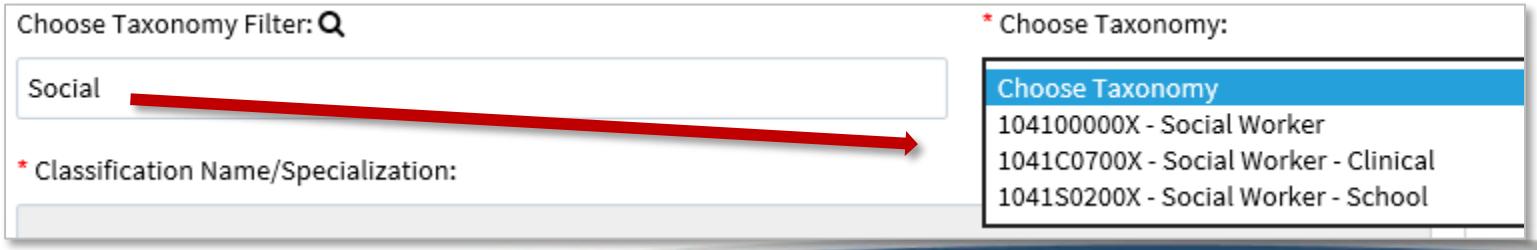
- At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.

  ***15 Taxonomy Codes may be listed at MAX**

  - All taxonomy codes available within the NPPES system may be found in the **Choose Taxonomy:** dropdown.



  - The **Choose Taxonomy Filter** can also be utilized to filter by taxonomy name or taxonomy code.



Taxonomy

- Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the **Primary Taxonomy**.
  - Select the checkbox to the left of the applicable taxonomy code.

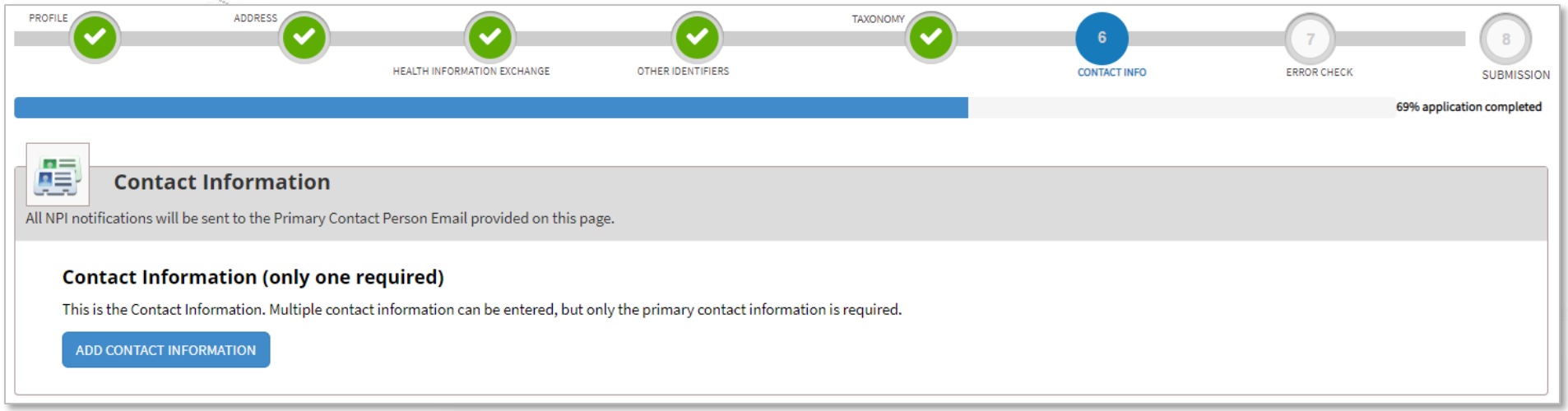
Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
☐	103TF0000X	Psychologist - Family		1234	LA
☐	101Y00000X	Counselor		5894	LA
☐	103TS0200X	Psychologist - School		987456A	AL

- If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the **Primary Taxonomy**.

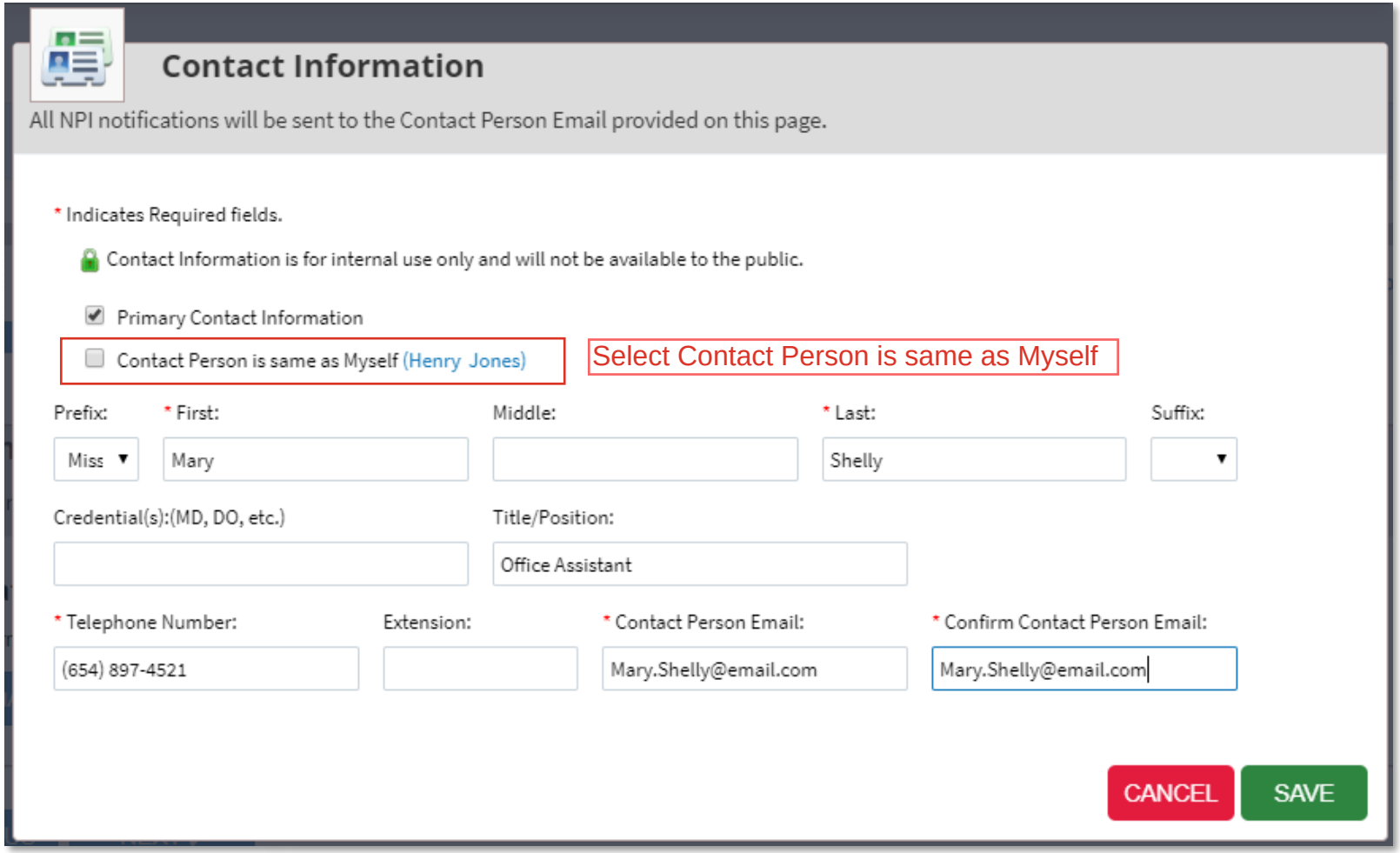
Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
☑	122300000X	Dentist		29049	NY	

Contact Information

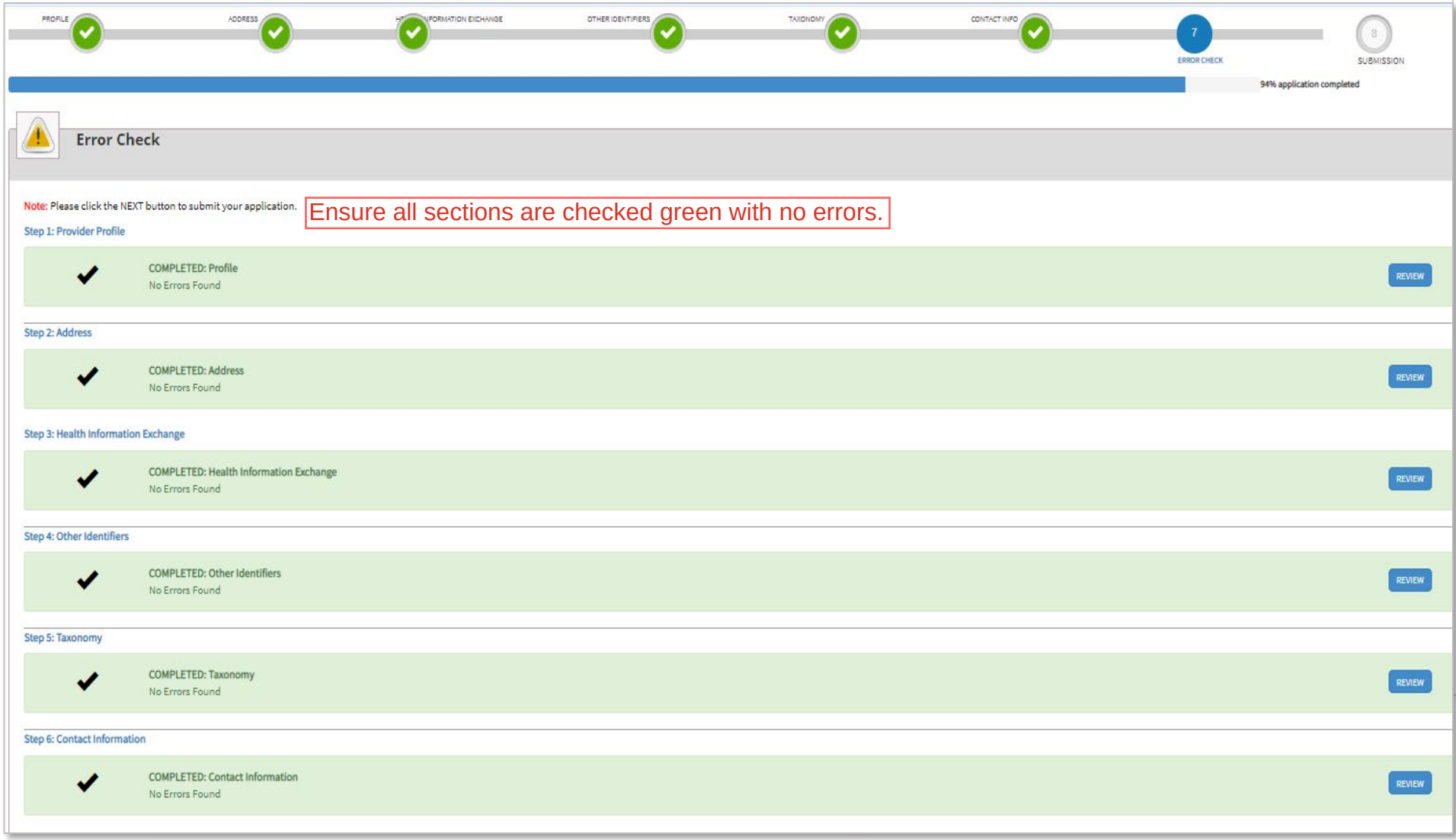
- Contact Person Information can be:
  - **Provider** – *info will auto-fill from Provider Profile page*
  - ~~**2nd individual** – *should be knowledgeable of NPPES/NPI*~~
- This is where the NPI will be sent when it is enumerated & also who will be contacted if verification is needed when processing the application.
- Information is hidden from the NPI Registry.



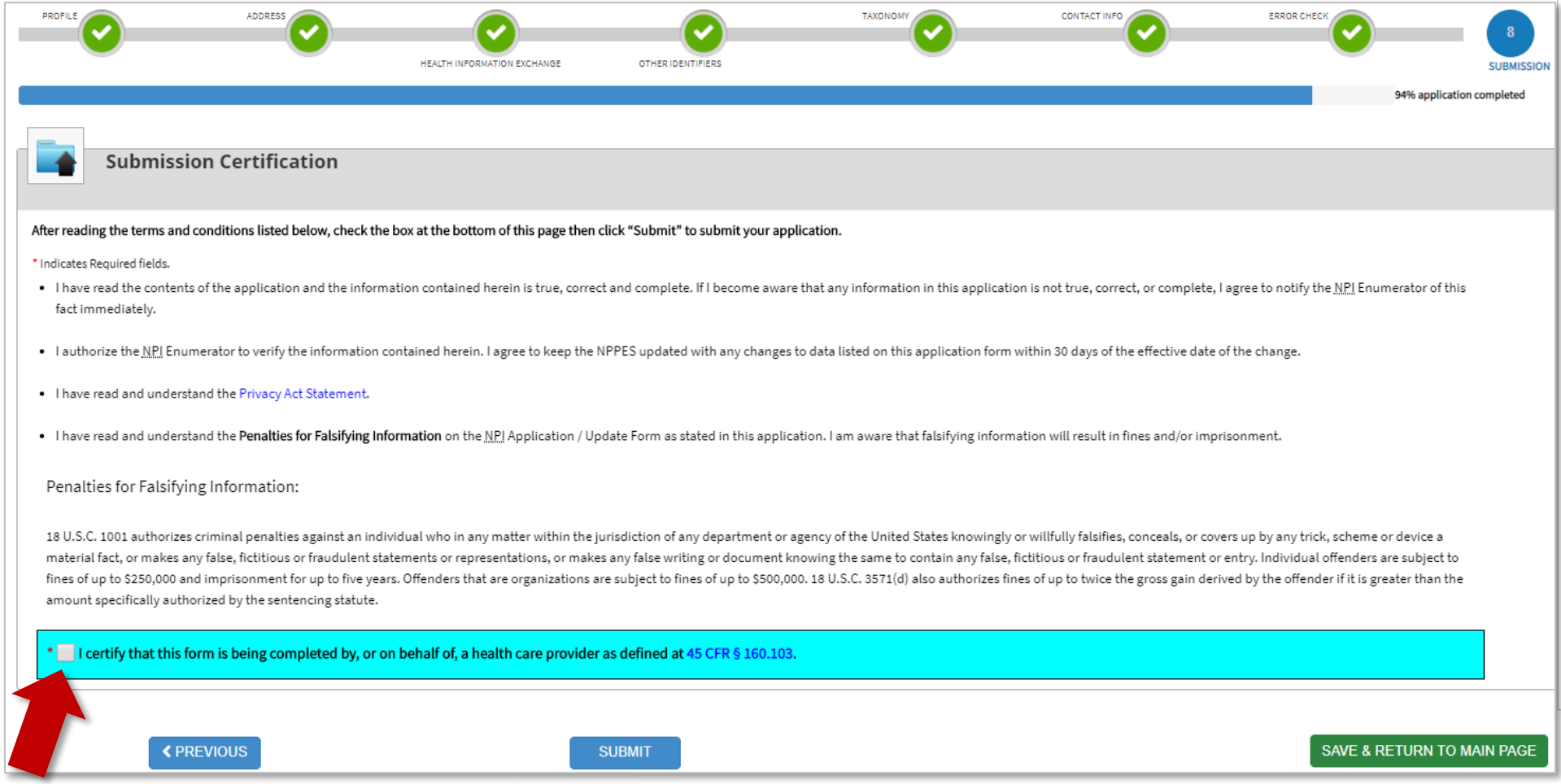
Contact Information



Error Check – No Errors



Submission Certification



Submission Confirmation

Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is :** 02052021614839

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this ation. Please be sure to check the "junk" folder.
If you have any questions regarding this application or if a designated co rson doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu.
If the submitted NPI application contains no errors or additional verificatio he enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021
Authorized Official: jessie Org
Contact Person: Jessie Three-fourteen
Primary Practice Location Address: 7281 4th St, Remington VA 22734-2124, US
EIN: 525020521
Date Submitted: Feb-05-2021
Contact Email: jhuser0314@test.com

To print this page for your reference, click:

PRINT THIS PAGE

Please Note: This page printout may contain sensitive information.
To View or print this application click:

VIEW PRINTER FRIENDLY VERSION OF APPLICATION

Get Adob Acrobat R

The NPI Enumerator may be contacted Monday through Friday, 9am t

By Phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with sp

By Email:
customerservice@npienumerator.com

By Mail:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751

*Holiday hours may vary

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to https://nppes.cms.hhs.gov, and you were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: 02052021614839

If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021
Authorized Official: jessie Org
Primary Contact Person: Jessie Three-fourteen
Primary Practice Location Address: 7281 4th St Remington, VA 22734-2124 United States
EIN: 525020521
Date Submitted: Feb-05-2021

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu at https://nppes.cms.cmstest/webhelp/nppeshelp.

NPI Enumerator Contact Information Monday through Friday, 9am to 5pm (Eastern Time)*
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY for the deaf, hard of hearing, or those with speech difficulties)

*Holiday hours may vary

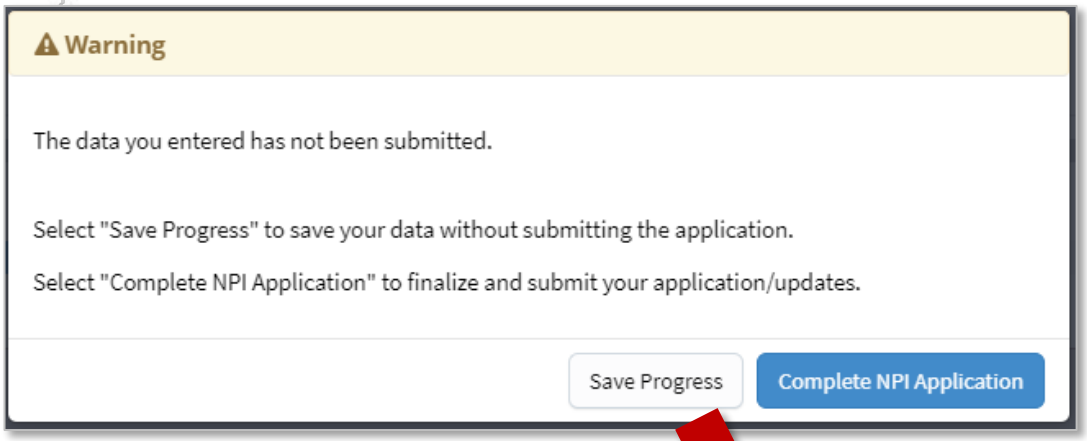
By e-mail: at customerservice@npienumerator.com

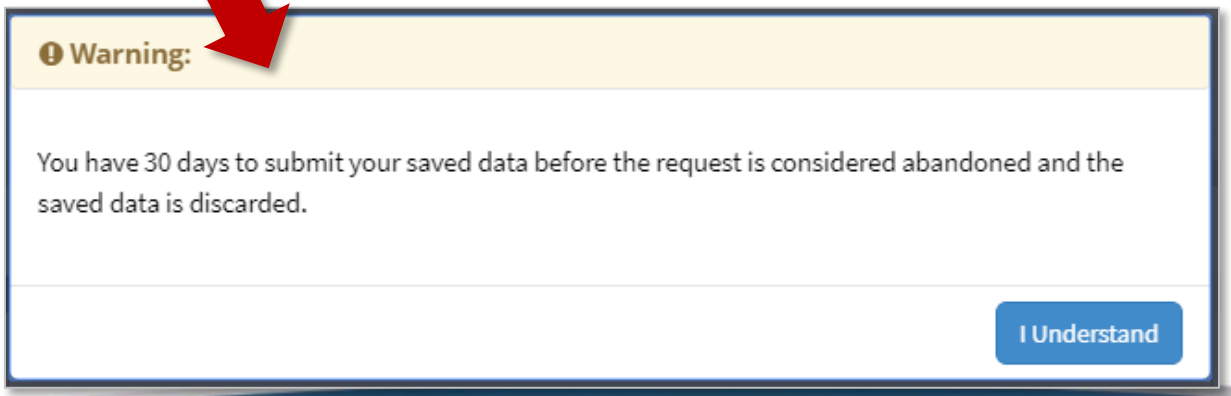
By mail at:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.

Application Progression

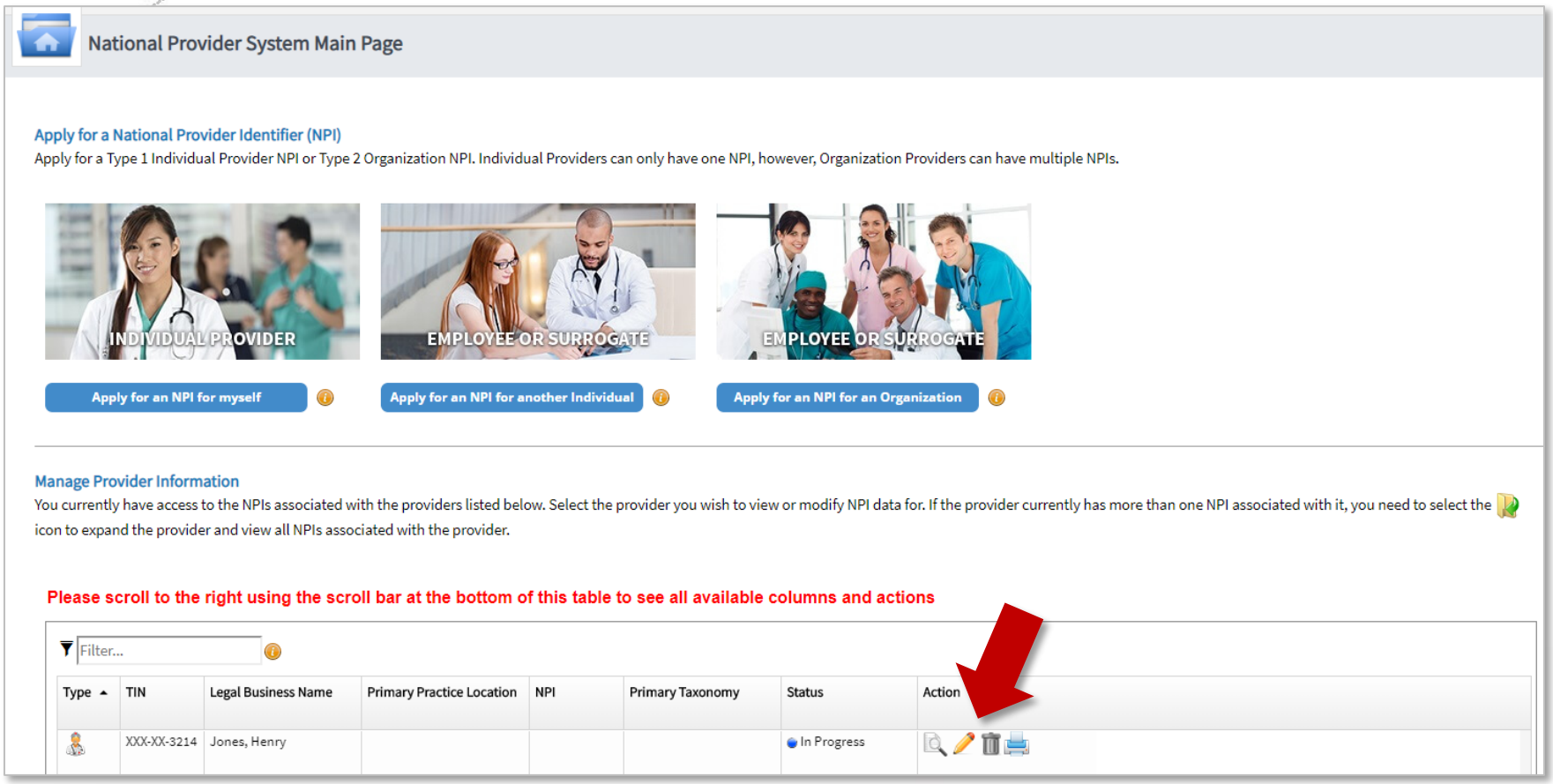
- Applications are ***not*** required to be completed in one sitting. Users can save information and come back to it at a later point.
- On any page, the SAVE & RETURN TO MAIN PAGE may be utilized to save the application progress.





Application Progression

- To return in an application that is in progress, select the pencil icon to return to the page that was last completed in that application.



NEW NPI REGISTRATION - WITHOUT SSN

THIS MUST BE COMPLETED AND MAILED OUT. THE STATUS MUST THEN BE CHECKED ON CONSTANTLY AS THEY ARE NOTORIOUS FOR NOT CONTACTING APPLICANTS WHEN APPLICATIONS HAVE ERRORS.

CMS has granted an exception for international residents to apply for the NPI before they obtain the required US issued identification and/or US issued TIN (e.g., SSN or ITIN). Below are the steps that the international residents will need to follow to obtain the NPI.

An international resident without an SSN will have to provide CMS with these documents:

1. the completed, signed and dated NPI Application Form https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf (instructions on how to complete this application are on the next page)
2. A copy of two acceptable proofs of identification
3. A brief letter explaining why the applicant has no SSN.

The completed application form, a copy of two proofs of identification, and the letter must be mailed to:
NPI Enumerator
7125 Ambassador Road Suite 100
Windsor Mill, MD 21244-2751

Two Proofs of Identification (in lieu of the SSN):
A copy of two proofs of identification must accompany the NPI Application/Update form. Below are the acceptable proofs of identification:

- Birth certificate*
- Passport biographical data page* (the page with your photo and personal information)
- US driver's license (if one has been issued)
- US issued State identification card (if one has been issued)

* Please provide an English translation of all documents that are not in the English language.

Letter of Explanation
The Letter of Explanation will assist the NPI Enumerator with identifying those providers who have been granted the exception to providing an identification number (SSN) with their application.

The Letter of Explanation should include a brief description of the residency program and the anticipated start and end dates of the program. The letter must also include an acknowledgement of the fact that the provider understands that the resident/applicant will need to keep the NPI Enumerator informed of any changes to the information provided within 30 days from the effective date of the change.

A sample Letter of Explanation is provided in these instructions.

INDEX

Complete the Application as follows:

SECTION 1: BASIC INFORMATION

A. Reason for Submittal of this Form (Required) *(Only provide one Reason for Submittal and/or NPI per form. Use additional forms if necessary.)*

1. ☒ Initial Application*
   *(*Denotes required field for initial application only.)*
2. ☐ Change of Information *(See instructions)*
   NPI: *(Required)* _____
   Only complete the appropriate sections with the information that is changing. If removing information, please indicate within the appropriate field(s) by writing 'Remove'.
3. ☐ Deactivation *(See Instructions)*
   NPI: *(Required)* _____
   Deactivation Reason: *(Check only one box) (Required)*
   ☐ Death ☐ Business Dissolved
   ☐ Other, Specify: *(See Instructions)* _____
4. ☐ Reactivation *(See Instructions)*
   NPI: *(Required)* _____
   Reactivation Reason: *(Required)* _____

B. Entity Type *(Check only one box) (Required for initial applications only) (See Instructions)*

1. ☒ An individual who renders health care. *(Complete Sections 2A, 3, 4A and 5 only)*
   - Is the individual a sole proprietor? *(See Instructions)* ☐ Yes ☒ No
2. ☐ An organization that renders health care. *(Complete Sections 2B, 3, 4B and 5 only)*
   - Is the organization a subpart? *(See Instructions)* ☐ Yes ☐ No
   - If yes, enter the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider:
     Parent Organization LBN: _____
     Parent Organization TIN: _____

SECTION 2: IDENTIFYING INFORMATION

Only complete required fields marked with an asterisk *

A. Individuals ***(includes Sole Proprietorships and Incorporated Individuals)***

1. Prefix *(e.g., Mr., Mrs.)*	2. First*	3. Middle	4. Last*

5. Suffix *(e.g., Jr., Sr.)*	6. Credential *(e.g., M.D., D.O.)*

Other Name Information *(If applicable. Use additional sheets of paper if necessary)*

1. Prefix *(e.g., Mr., Mrs.)*	2. First	3. Middle	4. Last

5. Suffix *(e.g., Jr., Sr.)*	6. Credential *(e.g., M.D., D.O.)*

13. Type of Other Name
☐ Former Name ☐ Professional Name ☐ Other

14. Date of Birth* *(mm/dd/yyyy)*	15. State of Birth* *(U.S. only)*	16. Country of Birth* *(If other than U.S.)*	17. Gender*
			☐ Male ☐ Female

18. Social Security Number (SSN) *(See Instructions)*	19. IRS Individual Taxpayer Identification Number (ITIN) *(See Instructions)*

Add your program's primary address in sections 3A and 3B
View Contact Info by Program Name Here

SECTION 3: BUSINESS ADDRESSES AND OTHER INFORMATION

A. Correspondence Mailing Address Information

(Do not report your residential address unless it is also your Business Mailing Address.)

1. Correspondence Mailing Address Line 1* *(Street Number and Name or P.O. Box)*

2. Correspondence Mailing Address Line 2 *(Address Information; e.g., Suite Number)*

3. City/Town*	4. State/Territory*	5. ZIP or Foreign Postal Code*	6. +4

7. Correspondence Country Name *(if outside U.S.)*

8. Correspondence Telephone Number *(Include Area Code)*	9. Extension	10. Correspondence Fax Number *(Include Area Code)*

B. Business Practice Location Information

(Do not report your residential address unless it is also your Business Practice Location.)

1. Business Primary Practice Location Address Line 1* *(Street Number and Name – P.O. Boxes Not Acceptable)*

2. Business Primary Practice Location Address Line 2 *(Address Information; e.g., Suite Number)*

3. City/Town*	4. State/Territory*	5. ZIP or Foreign Postal Code*	6. +4

7. Business Country Name *(if outside U.S.)*

8. Business Telephone Number* *(Include Area Code)*	9. Extension	10. Business Fax Number *(Include Area Code)*

Skip Section 3C

C. Other Provider Identification Numbers (Use additional sheets of paper if necessary)

Do not include SSN, ITIN, EIN, NPI, any Medicare numbers, or any provider license numbers in this section. If you are removing identification numbers, please check the appropriate "Delete" box and provide 'Identification Number' and 'State/Territory where issued' information being deleted.

	Delete	Identification Number	State/Territory where issued *(If applicable)*
Medicaid *(State information required)*	☐		
Other (Non-Medicaid) Specify:	☐		

Taxonomy Section:

If you have never held a license and do not currently have an issued Pennsylvania license you will select: Student Health Care; 390200000X - STUDENT IN AN ORGANIZED HEALTH CARE EDUCATION/TRAINING PROGRAM.

IMPORTANT: YOU ARE REQUIRED TO LOG BACK IN TO NPPES AND UPDATE YOUR TAXONOMY CODE ONCE YOUR LICENSE IS ISSUED.

Those of you that have been issued a license should select the correct Taxonomy code and enter your license information where requested. Find your Taxonomy code here: https://taxonomy.nucc.org/

D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information

Do not include SSN, ITIN, EIN or NPI in this section.

Information on provider taxonomy codes is available at: http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/.

See instructions for assistance with completing this section. If you are removing taxonomy codes, please check the appropriate 'Delete' box and provide the 'Taxonomy Code' and 'State/Territory where issued' information being deleted.

Taxonomy Code (list primary first)	Delete	License Number *(If applicable)*	State/Territory where issued *(If applicable)*
390200000X	☐		
	☐		
	☐		
	☐		

Sign Section 4A

Skip Section 4B

A. Individual Practitioner's Signature (Required for Type 1 Individuals ONLY.)	
1. Practitioner's Signature (Required for Type 1 Individuals ONLY.)* *(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)*	2. Date* *(mm/dd/yyyy)*
B. Authorized Official's Signature for the Organization (Required for Type 2 Organizations ONLY.)	

Add your personal contact information in Section 5. This is where they will send your NPI number when it is issued.

SECTION 5: CONTACT PERSON

Contact Person's Information

Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. *(See Instructions)*

1. Prefix *(e.g., Mr., Mrs.)*	2. First*	3. Middle	4. Last*

5. Suffix *(e.g., Jr., Sr.)*	6. Credential *(e.g., M.D., D.O.)*	7. Title/Position

8. E-Mail Address	9. Telephone Number* *(Include Area Code)*	10. Extension

SAMPLE LETTER OF EXPLANATION

INTERNATIONAL PHYSICIAN NAME

INTERNATIONAL PHYSICIAN ADDRESS

CURRENT DATE

NPI Enumerator

7125 Ambassador Road Suite 100

Windsor Mill, MD 21244-2751

RE: REQUEST FOR NPI NUMBER FOR PHYSICAN WITHOUT SSN

[NAME OF INTERNATIONAL MEDICAL GRADUATE]

Dear NPI Enumerator:

I am requesting an NPI number and my completed CMS10114 application is attached with all supporting documents. Please note that I do not have a US Social Security Number as I have not yet met the immigration requirements needed to obtain one.

[CHOOSE ONE OPTION BELOW AND DELETE THE OTHERS]

- I will not meet those requirements until I am admitted into the United States by US Customs & Border Protection, and I intend to arrive in the USA on [date of arrival].
- I have applied for an SSN and am still awaiting a response from the Social Security Administration on my application.
- I am in the USA but cannot apply for an SSN until I obtain employment authorization from USCIS. I expect to have employment authorization by July 1st but must have an NPI number by that date in order to properly begin my residency program.

I will be a Resident with **Geisinger's [NAME OF RESIDENCY/FELLOWSHIP PROGRAM]**. The program will begin on July 1, [YEAR] and end on June 30, [YEAR]. A brief description of the residency program is below:

[ADD BRIEF DESCRIPTION OF RESIDENCY/FELLOWSHIP PROGRAM HERE]

As a provider, I fully understand that I will need to keep the NPI Enumerator informed of any changes to the information provided on the NPI Application within 30 days of the date the changes take effect. I also understand that I must provide the NPI Enumerator with my SSN within 30 days of the date it is received.

Thank you for your favorable review of my NPI application and supporting documents. Please feel free to contact me should you have additional questions or concerns.

Sincerely yours,

I ALREADY HAVE AN NPI NUMBER

1 Go to https://nppes.cms.hhs.gov

2 Login and update your Practice location(s) to your NEW PROGRAMS CONTACT INFORMATION.
(Do not update until you have started your program if you are currently practicing medicine somewhere else)

View Contact Info by Program Name Here

More information about how to update provider information can be found here: https://nppes.cms.hhs.gov/webhelp/nppeshelp/MAIN%20PAGE.html#manage-provider-information

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Program Name	Phone	Fax	Primary Practice Location	Secondary Sites
Addiction Medicine Fellowship Program	570-808-3700	570-808-3701	Lily Lake Rd, Waverly, PA 18471	
Anesthesiology Residency Program	570-271-6775	570-271-6762	100 N Academy Ave, Danville, PA 17822	
Cardiovascular Medicine Fellowship Program (GMC)	570-271-6523	570-271-8795	100 N Academy Ave, Danville, PA 17822	
Cardiovascular Medicine Fellowship Program (GWV)	**570-808-6020**	**570-808-5360**	**1000 East Mountain Blvd. Wilkes-Barre, PA 18711**	**Please message your Program Adminstrator to determine which site you are assigned to**
Cardiovascular Medicine Fellowship Program (GWV)	**570-703-4830**	**570-703-4835**	**1800 Mulberry Street, Scranton, PA 18510**	**Please message your Program Adminstrator to determine which site you are assigned to**
Child Neurology Residency Program (GMC)	570-271-8254	570-271-7923	100 N Academy Ave, Danville, PA 17822	
Clinical Cardiac Electrophysiology Fellowship Program	570-808-6020	570-808-2306	100 N Academy Ave, Danville, PA 17822	
Clinical Informatics	570-214-4026	570-214-4818	100 N Academy Ave, Danville, PA 17822	
Clinical Psychology	570-271-6515	570-271-5814	9 Stearns Lane, Danville, PA 17821	
Colon and Rectal Surgery Fellowship Program	570-214-0539	570-271-8324	100 N Academy Ave, Danville, PA 17822	
Critical Care Medicine Fellowship Program	570-271-6389	570-271-6021	100 N Academy Ave, Danville, PA 17822	
Cytopathology Fellowship Program	570-214-9781	570-214-4818	100 N Academy Ave, Danville, PA 17822	
Dermatology Residency Program	570-271-8050	570-271-5940	16 Woodbine Lane, Danville, PA 17821	
Dermatopathology Fellowship Program	570-214-9781	570-214-4818	100 N Academy Ave, Danville, PA 17822	
Diagnostic Radiology Residency Program	570-271-6203	570-271-5976	100 N Academy Ave, Danville, PA 17822	
Emergency Medicine Residency Program	570-271-6593	570-214-8083	100 N Academy Ave, Danville, PA 17822	
Family Medicine - Lewistown	**717-436-8283**	**717-436-8351**	**2813 Industrial Park Rd, Mifflintown, PA 17059**	**Please message your Program Adminstrator to determine which site you are assigned to**
Family Medicine - Lewistown	**717-436-0129**	**717-436-0130**	**27 CJEMS Lane Suite 4, Mifflintown, PA 17059**	**Please message your Program Adminstrator to determine which site you are assigned to**
Family Medicine Residency Program-GWV	570-808-8780	570-808-8785	166 Hanover Street, Wilkes-Barre PA 18702	
Gastroenterology Fellowship Program	570-271-6856	570-271-6852	100 N Academy Ave, Danville, PA 17822	
Gastroenterology Fellowship Program - GWV	570-808-5780	570-808-5753	950 East Mountain Blvd, Wilkes-Barre, PA 18711	
General Surgery Central Residency Program	570-271-6361	570-271-8324	100 N Academy Ave, Danville, PA 17822	
General Surgery Northeast Residency Program	570-808-2340	570-808-7904	1000 East Mountain Blvd. Wilkes-Barre, PA 18711	
Hematology and Oncology Fellowship	570-271-6045	570-271-6542	100 N Academy Ave, Danville, PA 17822	
Hospice & Palliative Medicine Fellowship Program	570-271-7383	570-271-7384	100 N Academy Ave, Danville, PA 17822	
Hospice & Palliative Medicine Fellowship Program (GWV)	570-703-4954	570-703-7191	1800 Mulberry Street, Scranton, PA 18510	
Infectious Disease	570-271-6408	570-214-2924	100 N Academy Ave, Danville, PA 17822	
Internal Medicine - Northeast	570-808-3746	570-808-5967	1000 East Mountain Blvd. Wilkes-Barre, PA 18711	
Internal Medicine - Pediatrics Residency Program - Milton	570-742-2655	570-742-2886	155 S Arch St, Milton, PA 17847	
Internal Medicine Residency Program	570-271-6164	570-271-6141	35 Justin Drive, 4th Floor, Danville, PA 17821	
Interventional Cardiology	570-271-6523	570-271-8795	100 N Academy Ave, Danville, PA 17822	
Interventional Radiology - Independent Fellowship	570-271-6309	570-271-7161	100 N Academy Ave, Danville, PA 17822	
Interventional Radiology/Diagnostic Radiology - Integrated Residency	570-271-6309	570-271-7161	100 N Academy Ave, Danville, PA 17822	
Maternal Fetal Medicine Fellowship Program	570-271-8160	570-214-9029	100 N Academy Ave, Danville, PA 17822	
Medical Physics	570-271-6304	No EPIC	100 N Academy Ave, Danville, PA 17822	
Micrographic Surgery and Dermatologic Oncology	570-271-8050	570-271-5940	16 Woodbine Lane, Danville, PA 17821	
Nephrology Fellowship Program	570-271-6393	570-271-5623	100 N Academy Ave, Danville, PA 17822	
Neurology Residency Program	570-271-6590	570-271-5874	35 Justin Dr. 3rd Floor, Danville, PA 17821	
Neurology Residency Program GWV	570-808-3200	570-808-3208	950 East Mountain Blvd. 3rd Floor	
Neurosurgery Residency Program	570-214-9175	570-271-6663	100 N Academy Ave, Danville, PA 17822	
Ob/Gyn Residency Program	570-271-5936	570-271-5841	100 N Academy Ave, Danville, PA 17822	
Ophthalmology Residency Program	570-271-6531	570-271-7146	16 Woodbine lane Danville PA 17821	
Oral and Maxillofacial Surgery Residency Program	**570-271-6355**	**570-271-5471**	**100 N Academy Ave, Danville, PA 17822**	**Please message your Program Adminstrator to determine which site you are assigned to**
Oral and Maxillofacial Surgery Residency Program - GWV	**570-808-5626**	**570-808-6352**	**1000 East Mountain Blvd. Wilkes-Barre, PA 18711**	**Please message your Program Adminstrator to determine which site you are assigned to**
Orthopaedic Surgery Residency Program	570-271-6700	570-214-6700	100 N Academy Ave, Danville, PA 17822	
Orthopaedic Surgery Residency Program - GWV	570-808-1093	570-808-7878	1000 East Mountain Blvd. Wilkes-Barre, PA 18711	
Otolaryngology Residency Program	570-271-6429	570-271-6854	100 N Academy Ave, Danville, PA 17822	
Pathology Anatomic and Clinical	570-214-9781	570-214-4818	100 N Academy Ave, Danville, PA 17822	
Pediatric Dentistry Residency Program	570-271-6355	570-271-5471	100 N Academy Ave, Danville, PA 17822	
Pediatric Residency Program	570-271-5600	570-271-5851	16 Woodbine lane Danville PA 17821	
Pediatric Sports Medicine Fellowship	570-271-6700	570-214-6700	16 Woodbine lane Danville PA 17821	
Physical Medicine and Rehabilitation	570-416-1925	570-387-2258	549 Fair St 61-22, Bloomsburg, PA 17815	**Secondary sites to include in your NPI registration:** Geisinger Bloomsburg Orthopaedics Central Road 480 Central Rd, Bloomsburg, PA 17815. Geisinger Encompass Health Rehabilitation Hospital 64 Rehab Ln, Danville, PA 17821
Plastics Surgery Residency	570-271-6335	570-214-9208	100 N Academy Ave, Danville, PA 17822	
Podiatry Residency Program-GCMC	570-969-6626	570-703-2053	1800 Mulberry St, Scranton, PA 18510	
Pulmonary/Critical Care Medicine Fellowship	570-214-31-64	570-214-3967	100 N Academy Ave, Danville, PA 17822	
Pulmonary/Critical Care Medicine Fellowship (GWV)	570 – 808 – 2480	570 – 808 - 6362	950 E Mountain Blvd, Wilkes Barre, PA, 18711	
Rheumatology	570-271-6831	570-214-2924	100 N Academy Ave, Danville, PA 17822	
Sleep Medicine Fellowship Program - GWV	570-808-3410	570-808-8875	25 Church Street, WilkesBarre, PA 18765	
Sports Medicine Fellowship Program-GWV	570-808-1093	570-808-7878	1000 East Mountain Blvd. Wilkes-Barre, PA 18711	
Surgical Critical Care Medicine	570-271-8157	570-214-3967	100 N Academy Ave, Danville, PA 17822	
Transitional Residency	570-416-1925	570-387-2258	549 Fair St 61-22, Bloomsburg, PA 17815	
Urology Residency Program	570-275-1619	570-271-5277	100 N Academy Ave, Danville, PA 17822	
Vascular Neurology	570-271-6590	570-271-5874	35 Justin Dr. 3rd Floor, Danville, PA 17821	
Vascular Surgery Fellowship Program	570-271-6369	570-271-5840	100 N Academy Ave, Danville, PA 17822	
Vascular Surgery Integrated	570-271-6369	570-271-5840	100 N Academy Ave, Danville, PA 17822	

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