

**National Provider Identifier Input****NPI application and receipt dates:**

Legal Business Name

Tax ID

**Acute:**

NPI #

Application electronically submitted

Date received

**Psych:**

NPI #

Application electronically submitted

Date received

**SNF / Swing Bed:**

NPI #

Application electronically submitted

Date received

**HHA:**

NPI #

Application electronically submitted

Date received

	Princeton	Shelby	Walker	Citizens
Legal Business Name	Baptist Health System d/b/a Princeton Baptist Medical Center	Baptist Health System d/b/a Shelby Baptist Medical Center	Baptist Health System d/b/a Walker Baptist Medical Center	Baptist Health System d/b/a Citizens Baptist Medical Center
Tax ID	631105935	631181094	630375726	631105936
<b><u>Acute:</u></b>				
NPI #	1144312430	1053403220	1497843940	1629166194
Application electronically submitted	9/28/2006	9/28/2006	9/28/2006	9/29/2006
Date received	9/28/2006	9/28/2006	10/10/2006	10/10/2006
<b><u>Psych:</u></b>				
NPI #	1770673535		1396833844	
Application electronically submitted	9/28/2006		9/28/2006	
Date received	10/13/2006		10/10/2006	
<b><u>SNF / Swing Bed:</u></b>				
NPI #	1689764441			1417045980
Application electronically submitted	9/28/2006			9/29/2006
Date received	10/13/2006			10/10/2006
<b><u>HHA:</u></b>				
NPI #				1497845259
Application electronically submitted				9/29/2006
Date received				10/13/2006