1073562922
VISION MEDICAL CONSULTING, P.C.
National Provider Identifiers Registry

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

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NPI	1073562922	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.

Entity Type	Organization	Code describing the type of health care provider that is being assigned an NPI. Codes are:
		
		  1 = (Person): individual human being who furnishes health care;
		  2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).
		

Provider Organization Name (Legal Business Name)	VISION MEDICAL CONSULTING, P.C.	Provide organization name (legal business name used to file tax returns with the IRS). The Organization Name field allows the following special characters: ampersand, apostrophe, "at" sign, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters.
Provider Other Organization Name	GEORGIA LONG TERM CARE AND CONSULTING	Other name by which the organization provider is or has been known.
Provider Other Organization Name Type Code	3	Code identifying the type of other name. Codes are: 3 = doing business as (d/b/a) name; 4 = former legal business name; 5 = other.
Provider First Line Business Mailing Address	PO BOX 13003	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
Provider Business Mailing Address City Name	ATLANTA	The City name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address City name".
Provider Business Mailing Address State Name	GA	The State or Province name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address State name".
Provider Business Mailing Address Postal Code	30324-0003	The postal ZIP or zone code in the mailing address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available. This data element may contain the same information as "Provider location address postal code".
Provider Business Mailing Address Country Code	US	The country code in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address country code".

Provider Business Mailing Address Telephone Number	770-938-1757	The telephone number associated with mailing address of the provider being identified. This data element may contain the same information as "Provider location address telephone number".
Provider Business Mailing Address Fax Number	770-938-1759	The fax number associated with the mailing address of the provider being identified. This data element may contain the same information as "Provider location address fax number".
Provider First Line Business Practice Location Address	1990 LAKESIDE PKWY	The first line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
Provider Second Line Business Practice Location Address	SUITE 170	The second line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
Provider Business Practice Location Address City Name	TUCKER	The city name in the location address of the provider being identified.
Provider Business Practice Location Address State Name	GA	The State or Province name in the location address of the provider being identified.
Provider Business Practice Location Address Postal Code	30084-5884	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
Provider Business Practice Location Address Country Code	US	The country code in the location address of the provider being identified.
Provider Business Practice Location Address Telephone Number	770-938-1757	The telephone number associated with the location address of the provider being identified.
Provider Business Practice Location Address Fax Number	770-938-1759	The fax number associated with the location address of the provider being identified.
Provider Enumeration Date	05/09/2006	The date the provider was assigned a unique identifier (assigned an NPI).
Last Update Date	07/08/2007	The date that a record was last updated or changed.
Authorized Official Last Name	FRINKS	The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.
Authorized Official First Name	TERENCE	The first name of the authorized official
Authorized Official Middle Name	ANDREW	The middle name of the authorized official

Authorized Official Title or Position	PRESIDENT/CEO	The title or position of the authorized official
Authorized Official Name Prefix Text	DR.	Authorized Official Name Prefix Text
Authorized Official Credential Text	M.D.	Authorized Official Credential Text
Authorized Official Telephone Number	770-938-1757	The 10-position telephone number of the authorized official.
Healthcare Provider Taxonomy Code #1	207Q00000X	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.
Healthcare Provider Taxonomy 1	Family Medicine	Healthcare Provider Taxonomy #1
Provider License Number 1	051042	Certain taxonomy selections will require you to enter your license number and the state where the license was issued. Select Foreign Country in the state drop down box if the license was issued outside of United States. The License Number field allows the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters. DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in this section.
Provider License Number State Code 1	GA	Provider License Number State Code #1
Healthcare Provider Primary Taxonomy Switch 1	Y	Primary Taxonomy: X - The primary taxonomy switch is Not Answered; Y - The taxonomy is the primary taxonomy (there can be only one per NPI record); N - The taxonomy is not the primary taxonomy.
Healthcare Provider Taxonomy Group 1	193400000X SINGLE SPECIALTY GROUP	Healthcare Provider Taxonomy Group 1
Healthcare Provider Taxonomy Group Description 1	Single Specialty Group - A business group of one or more individual practitioners, all of who practice with the same area of specialization.	Healthcare Provider Taxonomy Group Description 1

Certification Date	VISION MEDICAL CONSULTING, P.C. PO BOX 13003 ATLANTA GA 30324 1990 LAKESIDE PKWY TUCKER GA 30084	Certification Date

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NPPES National Plan & Enumeration System

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY)

NPI Enumerator

PO Box 6059

Fargo, ND 58108-6059

Email: customerservice@npienumerator.com

For all questions regarding this bundle please contact Support@DataLabs.Health. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at https://www.datalabs.health/.