1194985655 LAURA F BURCH AA-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	1194985655	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
Entity Type	Individual	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).
Is Sole Proprietor	N	Indicate whether provider is a sole proprietor. A sole proprietor is the sole (the only) owner of a business that is not incorporated; that unincorporated business is a sole proprietorship. Ii>In a sole proprietorship, the sole proprietor owns all of the assets of the business and is solely liable for all of the debts of the business. Ii>There is no difference between a sole proprietorship and a sole proprietor; they are legally a single entity: an individual. Ii>In terms of NPI assignment, a sole proprietor is an Entity type 1 (Individual) and is eligible for only one NPI (the sole proprietorship business is not eligible for its own NPI). As an individual, a sole proprietorship cannot be a subpart and cannot have subparts. (See NPI Final Rule for information about subparts.) Ii>A sole proprietorship may or may not have employees. Ii>Often, the IRS assigns an EIN to a sole proprietorship in order to protect the sole proprietorship in order to protect the sole proprietorship in order to a sole proprietorship in order to protect the sole proprietorship in order to a sole proprietorship's EIN. Ii>Many types of health care providers could be sole proprietorships (for example, group practices, pharmacies, home health agencies).
Provider Last Name (Legal Name)	BURCH	The last name of the provider (if an individual). If the provider is an individual, this is the legal name. This name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. (First and last names are required for initial applications.) The First, Middle, Last and Credential(s) fields allow 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.
Provider First Name	LAURA	The first name of the provider, if the provider is an individual.

Provider Middle Name	F	The middle name of the provider, if the provider is an individual.
Provider Name Prefix Text	MRS.	The name prefix or salutation of the provider if the provider is an individual; for example, Mr., Mrs., or Corporal.
Provider Credential Text	AA-C	The abbreviations for professional degrees or credentials used or held by the provider, if the provider is an individual. Examples are MD, DDS, CSW, CNA, AA, NP, RNA, or PSY. These credential designations will not be verified by NPS.
Provider Other Last Name	PODBOY	Other last name by which the provider being identified is or has been known (if an individual)
Provider Other First Name	LAURA	Other first name by which the provider being identified is or has been known (if an individual). This may be the same as the "Provider first name" if the provider is or has been known by a different last name only.
Provider Other Middle Name	F	Other middle name by which the provider being identified is or has been known (if an individual). This may be the same as the "Provider middle name" if the provider is or has been known by a different last name only.
Provider Other Name Prefix Text	MISS	Provider Other Name Prefix Text
Provider Other Last Name Type Code	1	Code identifying the type of other name. Codes are: 1 = former name; 2 = professional name; 5 = other.
Provider First Line Business Mailing Address	CLEVELAND CLINIC 9500 EUCLID AVE	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	CLEVELAND	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	ОН	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	44195-0001	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	800-223-2273	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".

6780 MAYFIELD RD	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.
MAYFIELD HEIGHTS	The city name in the location address of the provider being identified.
ОН	The State or Province name in the location address of the provider being identified.
44124-2203	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
US	The country code in the location address of the provider being identified.
440-312-4500	The telephone number associated with the location address of the provider being identified.
06/09/2008	The date the provider was assigned a unique identifier (assigned an NPI).
07/13/2010	The date that a record was last updated or changed.
F	The code designating the provider's gender if the provider is a person.
Female	The provider's gender if the provider is a person.
367H00000X	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.
Anesthesiologist Assistant	Healthcare Provider Taxonomy #1
GA	Provider License Number State Code #1
N	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.
367H00000X	Healthcare Provider Taxonomy Code #2
	MAYFIELD HEIGHTS OH 44124-2203 US 440-312-4500 06/09/2008 07/13/2010 F Female 367H00000X Anesthesiologist Assistant GA N

Healthcare Provider Taxonomy 2	Anesthesiologist Assistant	Healthcare Provider Taxonomy #2
Provider License Number 2	67.000141	Provider License Number #2
Provider License Number State Code 2	ОН	Provider License Number State Code #2
Healthcare Provider Primary Taxonomy Switch 2	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.
Other Provider Identifier 1	67.000141	Other Provider Identifier #1
Other Provider Identifier Type 1	OTHER	Other Provider Identifier Type #1
Other Provider Identifier State 1	ОН	Other Provider Identifier State #1
Other Provider Identifier Issuer 1	OHIO LICENCE	Other Provider Identifier Issuer #1

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

www.datalabs.health

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/.