

1275338147

ALOHA SENIOR LIVING LLC II
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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<i>NPI</i>	1275338147	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<i>Entity Type</i>	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).
<i>Is Organization Subpart</i>	N	The "Is the organization a subpart?" question must be answered. If the organization is a subpart = , the Parent Organization Legal Business Name (LBN) and Parent Organization Taxpayer Identification Number (TIN) fields must be completed. The Parent Organization LBN and TIN fields can only be completed if the answer to the subpart question is Yes. Many organization health care providers who apply for NPIs are not legal entities themselves but are parts of other organization health care providers that are legal entities (the "parents"). Here are three examples of organization health care providers that may be considered subparts and may apply for N

<i>Provider Organization Name (Legal Business Name)</i>	ALOHA SENIOR LIVING LLC II	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.
<i>Provider First Line Business Mailing Address</i>	8880 TANGERINE 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".
<i>Provider Business Mailing Address City Name</i>	HESPERIA	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".
<i>Provider Business Mailing Address State Name</i>	CA	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".
<i>Provider Business Mailing Address Postal Code</i>	92345-6649	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".
<i>Provider Business Mailing Address Country Code</i>	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

<i>Provider Business Practice Location Address Telephone Number</i>	760-596-1157	The telephone number associated with the location address of the provider being identified.
<i>Provider Enumeration Date</i>	02/15/2025	The date the provider was assigned a unique identifier (assigned an NPI).
<i>Last Update Date</i>	02/15/2025	The date that a record was last updated or changed.
<i>Authorized Official Last Name</i>	HAMILTON	The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.
<i>Authorized Official First Name</i>	CAROL	The first name of the authorized official
<i>Authorized Official Middle Name</i>	KANANI	The middle name of the authorized official
<i>Authorized Official Title or Position</i>	LICENSEE	The title or position of the authorized official
<i>Authorized Official Name Prefix Text</i>	MRS.	Authorized Official Name Prefix Text
<i>Authorized Official Telephone Number</i>	714-323-8445	The 10-position telephone number of the authorized official.
<i>Healthcare Provider Taxonomy Code #1</i>	310400000X	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The

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/>.