## **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.

## 1154391340 NORTH SURGERY CENTER LP

| NPI                        | 1154391340   | 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<br>is being assigned an NPI. Codes are:<br><ul><br/><li>1 = (Person): individual human being who<br/>furnishes health care;</li><br/><li>2 = (Non-person): entity other than an<br/>individual human being that furnishes health care<br/>(for example, hospital, SNF, hospital subunit,<br/>pharmacy, or HMO).</li></ul>   |
| Is Organization<br>Subpart | N            | The "Is the organization a subpart?" question must<br>be answered. If the organization is a subpart, the<br>Parent Organization Legal Business Name (LBN)<br>and Parent Organization Taxpayer Identification<br>Number (TIN) fields must be completed. The Parent<br>Organization LBN and TIN fields can only be<br>completed if the answer to the subpart question is<br>Yes.<br>Many organization health care providers who apply<br>for NPIs are not legal entities themselves but are<br>parts of other organization health care providers that<br>are legal entities (the "parents").<br>Here are three examples of organization health care<br>providers that may be considered subparts and may<br>apply for NPIs if so directed by their "parents":<br>(1) The psychiatric unit in a hospital is not a legal<br>entity but is part of the hospital (the "parent"), which<br>is a legal entity. The legal entity must obtain an NPI.<br>The psychiatric unit is an example of a subpart that<br>could have its own NPI if the hospital determines<br>that it should.<br>(2) A group practice that is not a sole proprietorship<br>has a main location and could have other offices in<br>different locations, but each office is part of the<br>corporation (the "parent") which is a legal entity; instead, each office is part of the<br>corporation (the "parent") which is a legal entity. The<br>offices are examples of subparts that could have<br>their own NPIs if the main location determines that<br>they should.<br>(3) A pharmacy fills prescriptions for patients whose<br>physicians have prescribed medications for them<br>and may also rent or sell durable medical equipment<br>to patients whose physicians have ordered such<br>equipment for them. Neither the pharmacy line of<br>business nor the DME line of business represent<br>legal entities; instead, both lines of business are part<br>of an organization (the "parent") that is a legal entity.<br>Each line of business represents a different<br>Healthcare Provider Taxonomy or area of<br>specialization that often submits its own electronic<br>claims to health plans.<br>The "parent"-we don't know who the parent is in this<br>example-must ensure that |

| Provider Organization<br>Name (Legal Business<br>Name)        | NORTH SURGERY<br>CENTER LP | Provide organization name (legal business name<br>used to file tax returns with the IRS). The<br>Organization Name field allows the following special<br>characters: ampersand, apostrophe, "at" sign, colon,<br>comma, forward slash, hyphen, left and right<br>parentheses, period, pound sign, quotation mark,<br>and semi-colon. A field cannot contain all special<br>characters. |
|---|----------------------------|--|
| Provider First Line<br>Business Mailing<br>Address            | 3950 NEW<br>COVINGTON PIKE | 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 Second Line<br>Business Mailing<br>Address           | SUITE 100                  | The second line mailing address of the provider<br>being identified. This data element may contain the<br>same information as "Provider second line location<br>address".  |
| Provider Business<br>Mailing Address City<br>Name             | MEMPHIS                    | The City name in the mailing address of the provider<br>being identified. This data element may contain the<br>same information as "Provider location address City<br>name".   |
| Provider Business<br>Mailing Address State<br>Name            | TN                         | The State or Province name in the mailing address<br>of the provider being identified. This data element<br>may contain the same information as "Provider<br>location address State name".   |
| Provider Business<br>Mailing Address<br>Postal Code           | 38128                      | The postal ZIP or zone code in the mailing address<br>of the provider being identified. NOTE: ZIP code<br>plus 4-digit extension, if available. This data element<br>may contain the same information as "Provider<br>location address postal code".   |
| Provider Business<br>Mailing Address<br>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<br>Mailing Address<br>Telephone Number      | 901-373-1991               | The telephone number associated with mailing<br>address of the provider being identified. This data<br>element may contain the same information as<br>"Provider location address telephone number".  |
| Provider Business<br>Mailing Address Fax<br>Number            | 901-516-1755               | The fax number associated with the mailing address<br>of the provider being identified. This data element<br>may contain the same information as "Provider<br>location address fax number".  |
| Provider First Line<br>Business Practice<br>Location Address  | 3950 NEW<br>COVINGTON PIKE | The first line location address of the provider being<br>identified. For providers with more than one physical<br>location, this is the primary location. This address<br>cannot include a Post Office box.  |
| Provider Second Line<br>Business Practice<br>Location Address | SUITE 100                  | The second line location address of the provider<br>being identified. For providers with more than one<br>physical location, this is the primary location. This<br>address cannot include a Post Office box.   |
| Provider Business<br>Practice Location<br>Address City Name   | MEMPHIS                    | The city name in the location address of the provider being identified.  |

| Provider Business<br>Practice Location<br>Address State Name          | TN                  | The State or Province name in the location address of the provider being identified.   |
|---|---------------------|--|
| Provider Business<br>Practice Location<br>Address Postal Code         | 38128               | The postal ZIP or zone code in the location address<br>of the provider being identified. NOTE: ZIP code<br>plus 4-digit extension, if available.   |
| Provider Business<br>Practice Location<br>Address Country Code        | US                  | The country code in the location address of the provider being identified.   |
| Provider Business<br>Practice Location<br>Address Telephone<br>Number | 901-373-1991        | The telephone number associated with the location address of the provider being identified.  |
| Provider Business<br>Practice Location<br>Address Fax Number          | 901-516-1755        | The fax number associated with the location address of the provider being identified.  |
| Provider Enumeration<br>Date  | 01/23/2006          | The date the provider was assigned a unique identifier (assigned an NPI).  |
| Last Update Date  | 02/01/2012          | The date that a record was last updated or changed.  |
| Authorized Official<br>Last Name                                      | CRONE               | The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.   |
| Authorized Official<br>First Name                                     | SHERRYE             | The first name of the authorized official  |
| Authorized Official<br>Middle Name                                    | В                   | The middle name of the authorized official   |
| Authorized Official<br>Title or Position                              | ADMINISTRATOR       | The title or position of the authorized official   |
| Authorized Official<br>Name Prefix Text                               | MRS.                | Authorized Official Name Prefix Text   |
| Authorized Official<br>Credential Text                                | RN                  | Authorized Official Credential Text  |
| Authorized Official<br>Telephone Number                               | 901-516-1716        | The 10-position telephone number of the authorized official.   |
| Healthcare Provider<br>Taxonomy Code #1                               | 261QA1903X          | The Health Care Provider Taxonomy code is a<br>unique alphanumeric code, ten characters in length.<br>The code set is structured into three distinct "Levels"<br>including Provider Type, Classification, and Area of<br>Specialization. |
| Healthcare Provider<br>Taxonomy 1                                     | Ambulatory Surgical | Healthcare Provider Taxonomy #1  |

| Provider License<br>Number 1                        | 096                       | Certain taxonomy selections will require you to enter<br>your license number and the state where the license<br>was issued. Select Foreign Country in the state drop<br>down box if the license was issued outside of United<br>States. The License Number field allows the<br>following special characters: ampersand,<br>apostrophe, colon, comma, forward slash, hyphen,<br>left and right parentheses, period, pound sign,<br>quotation mark, and semi-colon. A field cannot<br>contain all special characters. DO NOT report the<br>Social Security Number (SSN), IRS Individual<br>Taxpayer Identification Number (ITIN) in this<br>section. |
|---|---------------------------|--|
| Provider License<br>Number State Code 1             | TN                        | Provider License Number State Code #1  |
| Healthcare Provider<br>Primary Taxonomy<br>Switch 1 | N                         | Primary Taxonomy:<br><ul><br/><li>X - The primary taxonomy switch is Not<br/>Answered;</li><br/><li>Y - The taxonomy is the primary taxonomy<br/>(there can be only one per NPI record);</li><br/><li>N - The taxonomy is not the primary<br/>taxonomy.</li></ul>  |
| Healthcare Provider<br>Taxonomy Code 2              | 261QA1903X                | Healthcare Provider Taxonomy Code #2   |
| Healthcare Provider<br>Taxonomy 2                   | Ambulatory Surgical       | Healthcare Provider Taxonomy #2  |
| Provider License<br>Number 2                        | 000000096                 | Provider License Number #2   |
| Provider License<br>Number State Code 2             | TN                        | Provider License Number State Code #2  |
| Healthcare Provider<br>Primary Taxonomy<br>Switch 2 | Y                         | Primary Taxonomy:<br><ul><br/><li>X - The primary taxonomy switch is Not<br/>Answered;</li><br/><li>Y - The taxonomy is the primary taxonomy<br/>(there can be only one per NPI record);</li><br/><li>N - The taxonomy is not the primary<br/>taxonomy.</li></ul>  |
| Other Provider<br>Identifier 1                      | 3100749                   | Other Provider Identifier #1   |
| Other Provider<br>Identifier Type 1                 | OTHER                     | Other Provider Identifier Type #1  |
| <i>Other Provider</i><br><i>Identifier State 1</i>  | TN                        | Other Provider Identifier State #1   |
| Other Provider<br>Identifier Issuer 1               | BLUE CROSS BLUE<br>SHIELD | Other Provider Identifier Issuer #1  |

| Other Provider<br>Identifier 2                     | 490004005         | Other Provider Identifier #2        |
|--|-------------------|-------------------------------------|
| <i>Other Provider</i><br><i>Identifier Type 2</i>  | OTHER             | Other Provider Identifier Type #2   |
| <i>Other Provider</i><br><i>Identifier State 2</i> | TN                | Other Provider Identifier State #2  |
| Other Provider<br>Identifier Issuer 2              | RAILROAD MEDICARE | Other Provider Identifier Issuer #2 |
| <i>Other Provider</i><br><i>Identifier 3</i>       | 3287864           | Other Provider Identifier #3        |
| Other Provider<br>Identifier Type 3                | MEDICARE UPIN     | Other Provider Identifier Type #3   |
| <i>Other Provider</i><br><i>Identifier State 3</i> | TN                | Other Provider Identifier State #3  |

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@HIPAASpace.com. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at http://www.HIPAASpace.com.