

# COPY OF NPI NOTIFICATION LETTER



000001

[REDACTED]

Date: March 13, 2006  
Subject: National Provider Identifier

A request for a National Provider Identifier for [REDACTED] was recently submitted, and you were listed as the contact person. This is to inform you that the request was successfully processed, and the following NPI has been assigned: [REDACTED]

Please verify that the following information is correct:

Mailing Address: [REDACTED]

Practice Location: [REDACTED]

Other Identification Numbers: MEDICARE [REDACTED]  
MEDICAID [REDACTED]  
UPIN [REDACTED]

Provider Taxonomies: 2085R0204X Radiology Vascular & Interventional Radiology [REDACTED]

If you have any questions about the National Provider Identifier you may:

- 1.) Refer to the NPI website (<https://nppes.cms.hhs.gov>), or
- 2.) Contact the NPI Enumerator at:  
NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY)  
[customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

Please note: The information provided in the NPI application may be shared with and used by others only in accordance with the privacy notice to which you agreed at the time of application. In addition, you agreed to keep the NPPES updated with any changes to data listed on the provider's application form within 30 days of the effective date of the change. If you are not the

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NPI Enumerator



provider, you are required to inform the provider of the information in this letter.