

**INDEX**

**Innovative Orthopedic Solution & Schlomo Schmucl**

| <b>Exhibit #</b> | <b>Document</b>  | <b>File Date</b> |
|------------------|--|------------------|
| 1                | The People of the State of California v. Schlomo Schmucl                             | 1/4/2019         |
| 2                | Criminal Case Summary: #BA474077-01 Schlomo Schmucl                                  |                  |
| 3                | CA Secretary of State (SOS) Articles of Incorporation Innovative Orthopedic Solution | 11/20/2009       |
| 4                | SOS Statement of Information Innovative Orthopedic Solution                          | 11/22/2010       |
| 5                | SOS Statement of Information Innovative Orthopedic Solution                          | 8/28/2017        |
| 6                | Npi Innovative Orthopedic Solution   |                  |

# EXHIBIT 1

*WARRANT ISSUED*

# HEALTHCARE FRAUD

## SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF LOS ANGELES

|   |
|---|
| <p>THE PEOPLE OF THE STATE OF CALIFORNIA,<br/> Plaintiff,<br/> <b>EDP REPORT ON FILE</b><br/> 01 SCHLOMO SCHMUEL (DOB: 09/13/1965)<br/> Defendant(s).</p> |
|---|

CASE NO. BA474077

**FELONY COMPLAINT  
FOR ARREST WARRANT**

LOS ANGELES SUPERIOR COURT  
2019 JAN -4 PM 2:00  
FILED

The undersigned is informed and believes that:

COUNT 1

On or between April 13, 2012 and June 23, 2012, in the County of Los Angeles, the crime of INSURANCE FRAUD, in violation of PENAL CODE SECTION 550(a)(6), a Felony, was committed by SCHLOMO SCHMUEL, who did aid, abet, solicit, conspire with another and did knowingly make and cause to be made a false and fraudulent claim for payment of a health care benefit.

It is further alleged that the claim or amount at issue exceeds nine hundred fifty dollars (\$950).

It is further alleged ,offenses described in Penal Code section 803(c),that the above violation was not discovered until January 21, 2015 by Clarissa Jimenez by notification, and that no victim of said violation and no law enforcement agency chargeable with the investigation and prosecution of said violation had actual and constructive knowledge of said violation prior to said date because fraud unpracticed unknown, within the meaning of Penal Code section 803(c).

\*\*\*\*\*

COUNT 2

On or between January 31, 2013 and June 20, 2015, in the County of Los Angeles, the crime of PARTICIPATING IN PATIENT REFERRAL REBATES WHEN LICENSED IN THE HEALING ARTS OR AS A CHIROPRACTOR, in violation of BUSINESS AND PROFESSIONS CODE SECTION 650, a Felony, was committed by SCHLOMO SCHMUEL, who was licensed under Division 2 of the Health and Safety Code , and offered, delivered, received, and/or accepted a commission as compensation or inducement for referring patients, clients, or customers to another person.

It is further alleged that in the commission of the above offense(s) the said defendant(s), SCHLOMO SCHMUEL, with the intent to do so, took, damaged, and destroyed property of a value exceeding \$200,000, within the meaning of Penal Code section 12022.6(a)(2).

\* \* \* \* \*

## Schmuel Zamora allegation

It is further alleged as to Count 1, that victim, State Compensation Insurance Fund (SCIF), did not discover, and could not reasonably have discovered the offense set forth herein before January 5, 2015 within the meaning of Penal Code section 803(c):

In January of 2015, Detective Clarissa Jimenez alerted multiple insurance carriers of fraud in billing practices by Schlomo Schmuel. Schmuel operated two companies that dispensed durable medical equipment for rental or sale. Those companies were Innovative Orthopedic Solutions and Diamond Orthopedic Services.

On January 5, 2015, SCIF employee, Yvette Kyle reviewed their records. Kyle contacted a claimant, Michal Gilbert, who was to receive rented medical equipment from Innovative. Gilbert indicated she did not receive any equipment. SCIF was billed by Innovative four times for rentals of the equipment from April 3, 2012-June 23, 2012. The total cost to SCIF was \$7,560.

On January 21, 2015, Detective Clarissa Jimenez was notified by Lane Spencer, a supervisor at SCIF, that they had recently discovered billing for services not rendered by Innovative Orthopedic Solutions (Innovative).

Victim State Insurance Compensation Fund did not, nor reasonably could have discovered the crimes until the fraudulent nature of Schmuel's billing practices were brought to their attention by Det. Jimenez.

**NOTICE:** Conviction of this offense will require the defendant to provide DNA samples and print impressions pursuant to Penal Code sections 296 and 296.1. Willful refusal to provide the samples and impressions is a crime.

**NOTICE:** The People of the State of California intend to present evidence and seek jury findings regarding all applicable circumstances in aggravation, pursuant to Penal Code section 1170(b) and *Cunningham v. California* (2007) 549 U.S. 270.

**NOTICE:** A Suspected Child Abuse Report (SCAR) may have been generated within the meaning of Penal Code §§ 11166 and 11168 involving the charges alleged in this complaint. Dissemination of a SCAR is limited by Penal Code §§ 11167 and 11167.5 and a court order is required for full disclosure of the contents of a SCAR.

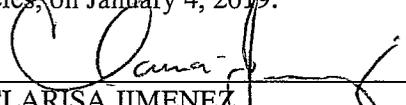
**NOTICE:** Any allegation making a defendant ineligible to serve a state prison sentence in the county jail shall not be subject to dismissal pursuant to Penal Code § 1385.

**NOTICE:** Conviction of this offense prohibits you from owning, purchasing, receiving, possessing, or having under your custody and control any firearms, and effective January 1, 2018, will require you to complete a Prohibited Persons Relinquishment Form ("PPR") pursuant to Penal Code § 29810.

Further, attached hereto and incorporated herein are official reports and documents of a law enforcement agency which the undersigned believes establish probable cause for the arrest of defendant(s) SCHLOMO SCHMUEL for the above-listed crimes. Wherefore, a warrant of arrest is requested for SCHLOMO SCHMUEL.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER BA474077, CONSISTS OF 2 COUNT(S).

Executed at LOS ANGELES, County of Los Angeles, on January 4, 2019.

  
CLARISA JIMENEZ  
DECLARANT AND COMPLAINANT

JACKIE LACEY, DISTRICT ATTORNEY

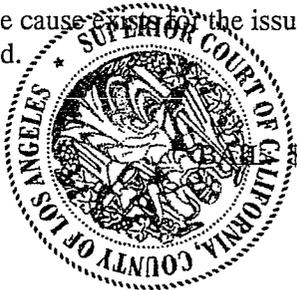
BY:   
ALLYSON KIMMEL  
DEPUTY DISTRICT ATTORNEY  
HEALTHCARE FRAUD DIVISION

AGENCY: CALIF DEPT OF INSURANCE    I/O: CLARISSA JIMENEZ    ID NO.: 448    PHONE: (714) 712-7604  
DR NO.: 13CW013879    OPERATOR: HT    PRELIM. TIME EST.: 4 HOUR(S)

| <u>DEFENDANT</u> | <u>CH NO.</u> | <u>DOB</u> | <u>BOOKING NO.</u> | <u>BAIL RECOM'D</u> | <u>CUSTODY RTN DATE</u> |
|------------------|---------------|------------|--------------------|---------------------|-------------------------|
| SCHMUEL, SCHLOMO | A09970050     | 9/13/1965  |                    | \$2,000,000         |                         |

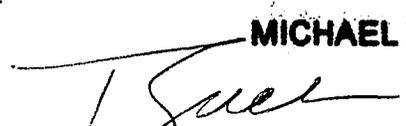
It appearing to the Court that probable cause exists for the issuance of a warrant of arrest for the above-named defendant(s), the warrant is so ordered.

SCHLOMO SCHMUEL



145,000

DATE: 1/4/19

  
MICHAEL TYNAN  
Judge of the Above Entitled Court

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

**FELONY COMPLAINT -- ORDER HOLDING TO ANSWER -- P.C. SECTION 872**

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

SCHLOMO SCHMUEL

| <u>Ct.</u> | <u>Charge</u> | <u>Charge Range</u>    | <u>Allegation</u> | <u>Alleg. Effect</u> |
|------------|---------------|------------------------|-------------------|----------------------|
| 1          | PC 550(a)(6)  | 2-3-5 County Jail      | PC 803(c)         | Check Code           |
| 2          | BP 650        | 16,2,3 Jail+\$0-50,000 | PC 12022.6(a)(2)  | +2 Yrs.              |

I order that the defendant(s) be held to answer therefore and be admitted to bail in the sum of:

SCHLOMO SCHMUEL \_\_\_\_\_ Dollars

and be committed to the custody of the Sheriff of Los Angeles County until such bail is given. Date of arraignment in Superior Court will be:

SCHLOMO SCHMUEL \_\_\_\_\_ in Dept \_\_\_\_\_

at: \_\_\_\_\_ A.M.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Committing Magistrate*

# EXHIBIT 2

Case Number: LACBA474077-01  
 Defendant Name: SCHMUEL, SCHLOMO  
 Violation Date: April 13, 2012  
 Filing Date: January 4, 2019  
 Courthouse: Clara Shortridge Foltz Criminal Justice Center

## CASE INFORMATION

| Count | Charge Section | Charge Statute                                  | Plea       | Disposition  | Disposition Date |
|-------|----------------|---|------------|--------------|------------------|
| 01    | 550(A)(6)      | <a href="#">Penal Code</a>                      | Not Guilty | Case Pending | Case Pending     |
| 02    | 650            | <a href="#">Business &amp; Professions Code</a> | Not Guilty | Case Pending | Case Pending     |

## EVENTS

### Upcoming Scheduled Events

| Date           | Time     | Location                                       | Dept/Room Number |                          |
|----------------|----------|--|------------------|--------------------------|
| April 24, 2019 | 08:30 AM | Clara Shortridge Foltz Criminal Justice Center | 050              | PRELIM SETTING/RESETTING |

### Past Events

| Date             | Time     | Location                                       | Dept/Room Number | Events                    |
|------------------|----------|--|------------------|---------------------------|
| January 4, 2019  | 08:30 AM | Clara Shortridge Foltz Criminal Justice Center | CLK              | DOCKET LINE ENTRY         |
| February 1, 2019 | 08:30 AM | Clara Shortridge Foltz Criminal Justice Center | 030              | ARRAIGNMENT               |
| March 6, 2019    | 08:30 AM | Clara Shortridge Foltz Criminal Justice Center | 050              | EARLY DISPOSITION HEARING |

## BAIL

No Information Found

## SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

No Information Found

Alex Padilla  
California Secretary of State

## Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Tuesday, March 19, 2019. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

### C3261151 INNOVATIVE ORTHOPEDIC SOLUTION

|                                      |  |
|--------------------------------------|--|
| <b>Registration Date:</b>            | 11/20/2009   |
| <b>Jurisdiction:</b>                 | CALIFORNIA   |
| <b>Entity Type:</b>                  | DOMESTIC STOCK   |
| <b>Status:</b>                       | ACTIVE   |
| <b>Agent for Service of Process:</b> | SCHLOMO SCHMUEL<br>2711 SUNSET BOULEVARD<br>LOS ANGELES CA 90026 |
| <b>Entity Address:</b>               | 2711 SUNSET BOULEVARD<br>LOS ANGELES CA 90026                    |
| <b>Entity Mailing Address:</b>       | 2711 SUNSET BOULEVARD<br>LOS ANGELES CA 90026                    |

A Statement of Information is due EVERY year beginning five months before and through the end of November.

| Document Type | ↕ | File Date  | ↕ | PDF |
|---------------|---|------------|---|-----|
| SI-NO CHANGE  |   | 08/28/2017 |   |     |
| SI-COMPLETE   |   | 11/22/2010 |   |     |
| REGISTRATION  |   | 11/20/2009 |   |     |

\* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

# EXHIBIT 3

3261151

**FILED**  
In the Office of the Secretary of State  
of the State of California

NOV 20 2009

**ARTICLES OF INCORPORATION**  
**OF**  
**innovative orthopedic solution**

FIRST. The name of the corporation is innovative orthopedic solution

SECOND. The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

THIRD. The name of the corporation's initial agent for service of process in the State of California is Schlomo Schmucl, 2711 Sunset Boulevard, Los Angeles, California 90026.

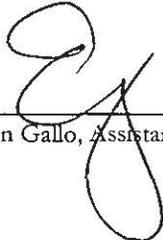
FOURTH. The corporation is authorized to issue one class of shares, designated as "Common Stock", and the total number of shares of Common Stock authorized to be issued is 1,000.

FIFTH. The personal liability of the directors of the corporation for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under California law. The corporation is authorized to indemnify its directors and officers to the fullest extent permissible under California law.

**IN WITNESS WHEREOF**, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: November 19, 2009

LegalZoom.com, Inc., Incorporator

By:   
Eileen Gallo, Assistant Secretary

# EXHIBIT 4

State of California  
Secretary of State



E-C77198

FILED

In the office of the Secretary of  
State of the State of California

Nov - 22 2010

This Space For Filing Use Only

STATEMENT OF INFORMATION  
(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.  
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C3261151  
INNOVATIVE ORTHOPEDIC SOLUTION  
SCHLOMO SCHMUEL  
2711 SUNSET BOULEVARD  
LOS ANGELES CA 90026

S

DUE DATE:

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE  
2711 SUNSET BOULEVARD LOS ANGELES CA 90026

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE  
2711 SUNSET BOULEVARD LOS ANGELES CA 90026

4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2 CITY STATE ZIP CODE  
SCHLOMO SCHMUEL 2711 SUNSET BOULEVARD LOS ANGELES CA 90026

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE  
SCHLOMO SCHMUEL 2711 SUNSET BOULEVARD LOS ANGELES, CA 90026

6. SECRETARY/ ADDRESS CITY STATE ZIP CODE  
SCHLOMO SCHMUEL 2711 SUNSET BOULEVARD LOS ANGELES, CA 90026

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  
SCHLOMO SCHMUEL 2711 SUNSET BOULEVARD LOS ANGELES CA 90026

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME ADDRESS CITY STATE ZIP CODE  
SCHLOMO SCHMUEL 2711 SUNSET BOULEVARD LOS ANGELES, CA 90026

9. NAME ADDRESS CITY STATE ZIP CODE

10. NAME ADDRESS CITY STATE ZIP CODE

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS  
SCHLOMO SCHMUEL

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE  
2711 SUNSET BOULEVARD LOS ANGELES, CA 90026

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
MEDICAL

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

11/22/2010  
DATE

SCHLOMO SCHMUEL  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

PRESIDENT  
TITLE

SIGNATURE

# EXHIBIT 5



# State of California Secretary of State

S

## Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FQ65997**

**FILED**

In the office of the Secretary of State  
of the State of California

**AUG-28 2017**

**1. CORPORATE NAME**

INNOVATIVE ORTHOPEDIC SOLUTION

**2. CALIFORNIA CORPORATE NUMBER**

C3261151

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

**3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17**.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

|  |      |       |          |
|--|------|-------|----------|
| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE                      | CITY | STATE | ZIP CODE |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | CITY | STATE | ZIP CODE |
| 6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4          | CITY | STATE | ZIP CODE |

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

|                             |         |      |       |          |
|-----------------------------|---------|------|-------|----------|
| 7. CHIEF EXECUTIVE OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |
| 8. SECRETARY                | ADDRESS | CITY | STATE | ZIP CODE |
| 9. CHIEF FINANCIAL OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

|          |         |      |       |          |
|----------|---------|------|-------|----------|
| 10. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| 11. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| 12. NAME | ADDRESS | CITY | STATE | ZIP CODE |

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** CITY STATE ZIP CODE

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

08/28/2017 SCHLOMO SCHMUEL PRESIDENT  
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

# EXHIBIT 6

**1942503016**

**INNOVATIVE ORTHOPEDIC MEDICAL SOLUTIONS  
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.

**1942503016 INNOVATIVE ORTHOPEDIC MEDICAL SOLUTIONS**

|   |              |  |
|---|--------------|--|
| <i>NPI</i>                                  | 1942503016   | 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:<br><ul><br><li>1 = (Person): individual human being who furnishes health care;</li><br><li>2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).</li><br></ul> |
| <i>Employer Identification Number (EIN)</i> | N/A          | The Employer Identification Number (EIN), assigned by the IRS, of the provider being identified. An Employer Identification Number (EIN) is assigned by the Internal Revenue Service (IRS) to identify a business entity. It may or may not be that business entity's Taxpayer Identification Number (TIN). An SSN should not be entered in the EIN field.     |

|   |   |   |
|---|---|---|
| <i>Is Organization Subpart</i>                          | N   | <p>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.</p> <p>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").</p> <p>Here are three examples of organization health care providers that may be considered subparts and may apply for NPIs if so directed by their "parents":</p> <p>(1) The psychiatric unit in a hospital is not a legal entity but is part of the hospital (the "parent"), which is a legal entity. The legal entity must obtain an NPI. The psychiatric unit is an example of a subpart that could have its own NPI if the hospital determines that it should.</p> <p>(2) A group practice that is not a sole proprietorship has a main location and could have other offices in different locations, but each office is not a separate legal entity; instead, each office is part of the corporation (the "parent") which is a legal entity. The offices are examples of subparts that could have their own NPIs if the main location determines that they should.</p> <p>(3) A pharmacy fills prescriptions for patients whose physicians have prescribed medications for them and may also rent or sell durable medical equipment to patients whose physicians have ordered such equipment for them. Neither the pharmacy line of business nor the DME line of business represent legal entities; instead, both lines of business are part of an organization (the "parent") that is a legal entity. Each line of business represents a different Healthcare Provider Taxonomy or area of specialization that often submits its own electronic claims to health plans.</p> <p>The "parent"-we don't know who the parent is in this example-must ensure that each subpart that submits its own claims to health plans has its own NPI.</p> |
| <i>Provider Organization Name (Legal Business Name)</i> | INNOVATIVE<br>ORTHOPEDIC<br>MEDICAL SOLUTIONS | 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>     | PO BOX 26268                                  | 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>      | LOS ANGELES                                   | 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>                | 90026-0577         | 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 code".  |
| <i>Provider Business Mailing Address Telephone Number</i>           | 818-304-0702       | 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".   |
| <i>Provider Business Mailing Address Fax Number</i>                 | 213-799-3040       | 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".   |
| <i>Provider First Line Business Practice Location Address</i>       | 2709 W SUNSET BLVD | 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.                                       |
| <i>Provider Business Practice Location Address City Name</i>        | LOS ANGELES        | The city name in the location address of the provider being identified.  |
| <i>Provider Business Practice Location Address State Name</i>       | CA                 | The State or Province name in the location address of the provider being identified.   |
| <i>Provider Business Practice Location Address Postal Code</i>      | 90026-2101         | The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.   |
| <i>Provider Business Practice Location Address Country Code</i>     | US                 | The country code in the location address of the provider being identified.   |
| <i>Provider Business Practice Location Address Telephone Number</i> | 818-304-0702       | The telephone number associated with the location address of the provider being identified.  |
| <i>Provider Business Practice Location Address Fax Number</i>       | 213-799-3040       | The fax number associated with the location address of the provider being identified.  |
| <i>Provider Enumeration Date</i>                                    | 12/13/2010         | The date the provider was assigned a unique identifier (assigned an NPI).  |
| <i>Last Update Date</i>   | 12/13/2010         | The date that a record was last updated or changed.  |

|  |  |  |
|--|--|--|
| <i>Authorized Official Last Name</i>                 | SCHMUEL                                      | 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>                | SCHLOMO                                      | The first name of the authorized official  |
| <i>Authorized Official Title or Position</i>         | MEDICAL DIRECTOR                             | The title or position of the authorized official   |
| <i>Authorized Official Name Prefix Text</i>          | MR.  | Authorized Official Name Prefix Text   |
| <i>Authorized Official Credential Text</i>           | DPM  | Authorized Official Credential Text  |
| <i>Authorized Official Telephone Number</i>          | 818-304-0702                                 | The 10-position telephone number of the authorized official.   |
| <i>Healthcare Provider Taxonomy Code #1</i>          | 332B00000X                                   | 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.                           |
| <i>Healthcare Provider Taxonomy 1</i>                | Durable Medical Equipment & Medical Supplies | Healthcare Provider Taxonomy #1  |
| <i>Healthcare Provider Primary Taxonomy Switch 1</i> | Y  | Primary Taxonomy:<br><ul><br><li>X - The primary taxonomy switch is Not Answered;</li><br><li>Y - The taxonomy is the primary taxonomy (there can be only one per NPI record);</li><br><li>N - The taxonomy is not the primary taxonomy.</li><br></ul> |

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](mailto:customerservice@npienumerator.com)

For all questions regarding this bundle please contact [Support@HIPAASpace.com](mailto: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>.