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**Schlomo Schmucl, D.P.M., Inc. & 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 Schlomo Schmucl, D.P.M., Inc.	3/14/1996
4	SOS Certificate of Amendment of Articles of Incorporation Schlomo Schmucl, D.P.M., Inc.	2/17/1999
5	SOS Statement of Information Schlomo Schmucl, D.P.M., Inc.	1/29/2014
6	SOS Statement of Information Schlomo Schmucl, D.P.M., Inc.	1/14/2019
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# EXHIBIT 1

WARRANT ISSUED

# HEALTHCARE FRAUD

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

THE PEOPLE OF THE STATE OF CALIFORNIA, <p style="text-align: right;">Plaintiff,</p> <p style="text-align: center;"><b>EDP REPORT ON FILE</b></p> 01 SCHLOMO SCHMUEL (DOB: 09/13/1965) <p style="text-align: right;">Defendant(s).</p>
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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.

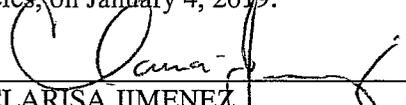
**NOTICE:** Any allegation making a defendant ineligible to serve a state prison sentence in the county jail shall not be subject to dismissal pursuant to Penal Code § 1385.

**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

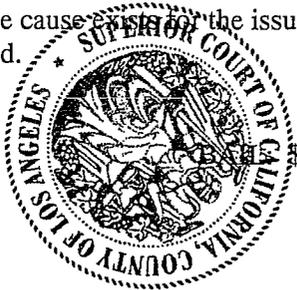
BY:   
ALLYSON KIMMEL  
DEPUTY DISTRICT ATTORNEY  
HEALTHCARE FRAUD DIVISION

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>CII 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	

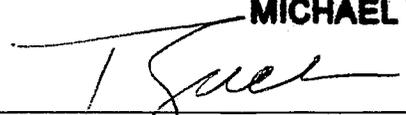
It appearing to the Court that probable cause exists for the issuance of a warrant of arrest for the above-named defendant(s), the warrant is so ordered.

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)	Penal Code	Not Guilty	Case Pending	Case Pending
02	650	Business & Professions Code	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.

### C1780189 SCHLOMO SCHMUEL, D.P.M., INC.

<b>Registration Date:</b>	03/14/1996
<b>Jurisdiction:</b>	CALIFORNIA
<b>Entity Type:</b>	DOMESTIC STOCK
<b>Status:</b>	ACTIVE
<b>Agent for Service of Process:</b>	SCHLOMO SCHMUEL 2711 SUNSET BLVD LOS ANGELES CA 90026
<b>Entity Address:</b>	2711 SUNSET BLVD LOS ANGELES CA 90026
<b>Entity Mailing Address:</b>	2711 SUNSET BLVD LOS ANGELES CA 90026

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

Document Type	↕	File Date	↕	PDF
SI-NO CHANGE		01/14/2019		
SI-COMPLETE		01/29/2014		
AMENDMENT		02/17/1999		
REGISTRATION		03/14/1996		

\* 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](#).

# EXHIBIT 3

1780189

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

MAR 14 1996

*Bill Jones*  
BILL JONES, Secretary of State

**ARTICLES OF INCORPORATION**

**ARTICLE ONE**

The name of the corporation is SCHLOMO SCHMUEL, D.P.M., INC.

**ARTICLE TWO**

The purpose of this corporation is to engage in the profession of medicine and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations.

This corporation is a professional corporation within the meaning of Part 4 of Division 3 of Title 1 of the California Corporations Code.

**ARTICLE THREE**

The name and address in this State of this Corporation's initial agent for service of process is:

SCHLOMO SCHMUEL, D.P.M.  
12125 Van Owen Street #4  
North Hollywood, California 91605

**ARTICLE FOUR**

This Corporation is authorized to issue only one class of shares, which shall be designated "common" shares. The total number of shares that may be issued is 10,000.

**ARTICLE FIVE**

The liability of the Directors of the Corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

**ARTICLE SIX**

The Corporation is authorized to provide indemnification of agents (as defined in Section 317 of the Corporations Code) for breach of duty to the Corporation and its stockholders through bylaw provisions or through agreements with the agents, or both, in excess of the indemnification otherwise permitted by Section 317 of the Corporations Code, subject to the limits of such excess indemnification set forth in Section 204 of the Corporations Code.

Dated: march 14, 1996

*Schlomo Schmuel DPM*  
\_\_\_\_\_  
SCHLOMO SCHMUEL, D.P.M.  
Incorporator

# EXHIBIT 4

CERTIFICATE OF AMENDMENT

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

OF

FEB 17 1999

ARTICLES OF INCORPORATION

*Bill Jones*  
BILL JONES, Secretary of State

SCHLOMO SCHMUEL and ROBIN JACOBS certify that:

1. They are the President and Secretary, respectively, of SCHLOMO SCHMUEL, D.P.M., INC., a California Corporation.

2. Article Two of the Articles of Incorporation of this corporation is amended to read as follows:

The purpose of this corporation is to engage in the profession of podiatry and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a professional corporation within the meaning of Part 4 of Division 3 of Title 1 of the California Corporations Code.

3. The foregoing amendment of the Articles of Incorporation has been duly approved by the Board of Directors of the Corporation.

4. The foregoing amendment of articles of incorporation has been duly approved by the required vote of shareholders in accordance with Section 902 of the Corporations Code. The total number of outstanding shares of the corporation is 1,000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

Dated: February 3, 1999

SCHLOMO SCHMUEL, President

ROBIN JACOBS, Secretary

# 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**

**EW37798**

**FILED**

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

**JAN-29 2014**

**1. CORPORATE NAME**

SCHLOMO SCHMUEL, D.P.M., INC.

**2. CALIFORNIA CORPORATE NUMBER**

C1780189

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
2711 SUNSET BLVD, LOS ANGELES, CA 90026			
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
2711 SUNSET BLVD, LOS ANGELES, CA 90026			

**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
SCHLOMO SCHMUEL	2711 SUNSET BLVD, LOS ANGELES, CA 90026			
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
SCHLOMO SCHMUEL	2711 SUNSET BLVD, LOS ANGELES, CA 90026			
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
SCHLOMO SCHMUEL	2711 SUNSET BLVD, 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.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
SCHLOMO SCHMUEL SCHMUEL	2711 SUNSET BLVD, LOS ANGELES, CA 90026			
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
SCHLOMO SCHMUEL	2711 SUNSET BLVD, LOS ANGELES, CA 90026			
12. NAME	ADDRESS	CITY	STATE	ZIP CODE
SCHLOMO	2711 SUNSET BLVD, LOS ANGELES, CA 90026			

**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	CITY	STATE	ZIP CODE
SCHLOMO SCHMUEL			
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
2711 SUNSET BLVD, LOS ANGELES, CA 90026			

**Type of Business**

**16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**  
MEDICAL OFFICE

**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.**

01/29/2014      SCHLOMO SCHMUEL      PRESIDENT

DATE      TYPE/PRINT NAME OF PERSON COMPLETING FORM      TITLE      SIGNATURE

# EXHIBIT 6



# 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**

G317382

**FILED**

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

JAN-14 2019

**1. CORPORATE NAME**

SCHLOMO SCHMUEL, D.P.M., INC.

**2. CALIFORNIA CORPORATE NUMBER**

C1780189

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.

01/14/2019 SCHLOMO SCHMUEL PRESIDENT  
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

# EXHIBIT 7

**1043489537**

**SCHLOMO SCHMUEL, DPM INC**  
**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.

**1043489537 SCHLOMO SCHMUEL, DPM INC**

<i>NPI</i>	1043489537	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: <ul> <li>1 = (Person): individual human being who furnishes health care;</li> <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> </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>	SCHLOMO SCHMUEL, DPM INC	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>	12125 VANOWEN ST	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 Second Line Business Mailing Address</i>	SUITE #4	The second line mailing address of the provider being identified. This data element may contain the same information as "Provider second line location address".

<i>Provider Business Mailing Address City Name</i>	NORTH HOLLYWOOD	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>	91605	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>	213-483-4246	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>	213-483-7257	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>	2711 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>	213-483-4246	The telephone number associated with the location address of the provider being identified.
<i>Provider Business Practice Location Address Fax Number</i>	213-483-7257	The fax number associated with the location address of the provider being identified.

<i>Provider Enumeration Date</i>	02/28/2008	The date the provider was assigned a unique identifier (assigned an NPI).
<i>Last Update Date</i>	02/10/2012	The date that a record was last updated or changed.
<i>Authorized Official Last Name</i>	CORONADO	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>	LIA	The first name of the authorized official
<i>Authorized Official Middle Name</i>	E	The middle name of the authorized official
<i>Authorized Official Title or Position</i>	MEDICAL BILLER	The title or position of the authorized official
<i>Authorized Official Telephone Number</i>	213-483-4246	The 10-position telephone number of the authorized official.
<i>Healthcare Provider Taxonomy Code #1</i>	213ES0103X	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>	Foot & Ankle Surgery	Healthcare Provider Taxonomy #1
<i>Provider License Number 1</i>	E3848	Certain taxonomy selections will require you to enter your license number and the state where the license was issued. Select Foreign Country in the state drop down box if the license was issued outside of United States. The License Number field allows 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. DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in this section.
<i>Provider License Number State Code 1</i>	CA	Provider License Number State Code #1
<i>Healthcare Provider Primary Taxonomy Switch 1</i>	Y	Primary Taxonomy: <ul> <li>X - The primary taxonomy switch is Not Answered;</li> <li>Y - The taxonomy is the primary taxonomy (there can be only one per NPI record);</li> <li>N - The taxonomy is not the primary taxonomy.</li> </ul>
<i>Healthcare Provider Taxonomy Group 1</i>	193400000X SINGLE SPECIALTY GROUP	Healthcare Provider Taxonomy Group 1

<i>Healthcare Provider Taxonomy Group Description 1</i>	Single Specialty Group - A business group of one or more individual practitioners, all of who practice with the same area of specialization.	Healthcare Provider Taxonomy Group Description 1
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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>.