Effective Date:	01/01/2022
Version:	1
Author:	Centers for Medicare & Medicaid Services

| NPI | Provider Other NPI | Provider Other NPI Type | Provider Business Practice Location Address First Line | Provider Business Practice Location Address Second Line | Provider Business Practice Location Address City Name | Provider Business Practice Location Address State Name | Provider Business Practice Location Address Postal Code | Provider Business Practice Location Address Country Code (If outside U.S.) | Provider Business Practice Location Address Telephone Number | Provider Business Practice Location Address Fax Number | Provider First Line Business Mailing Address | Provider Second Line Business Mailing Address | Provider Business Mailing Address City Name | Provider Business Mailing Address State Name | Provider Business Mailing Address Postal Code | Provider Business Mailing Address Country Code (If outside U.S.) | Provider Business Mailing Address Telephone Number | Provider Business Mailing Address Fax Number | Provider First Name | Provider Middle Name | Provider Name Suffix Text | Provider Credential Text | Provider Other First Name | Provider Other Middle Name | Provider Other Name Suffix Text | Provider Other Credential Text | Provider Other Last Name Type Code | Provider First Line Business Practice Location Address | Provider Second Line Business Practice Location Address | Provider Business Practice Location Address City Name | Provider Business Practice Location Address State Name | Provider Business Practice Location Address Postal Code | Provider Business Practice Location Address Country Code (If outside U.S.) | Provider Business Practice Location Address Telephone Number | Provider Business Practice Location Address Fax Number | Provider Enumeration Date | Last Update Date | NPI Deactivation Reason Code | NPI Deactivation Date | Provider Gender Code | Provider Sole Proprietor | Provider Organization Subpart | Parent Organization LBN | Provider Organization Name (Legal Business Name) | Provider License Number_1 | Provider License Number State Code_1 | Provider License Number_2 | Provider License Number State Code_2 | Provider License Number_3 | Provider License Number State Code_3 | Provider License Number_4 | Provider License Number State Code_4 | Provider License Number_5 | Provider License Number State Code_5 | Provider License Number_6 | Provider License Number State Code_6 | Provider Taxonomy Code_1 | Provider Taxonomy Code_2 | Provider Taxonomy Code_3 | Provider Taxonomy Code_4 | Provider Taxonomy Code_5 | Provider Taxonomy Code_6 | Provider Taxonomy Code_7 | Provider Taxonomy Code_8 | Provider Taxonomy Code_9 | Provider Taxonomy Code_10 | Provider Taxonomy Code_11 | Provider Taxonomy Code_12 | Provider Taxonomy Code_13 | Provider Taxonomy Code_14 | Provider Taxonomy Code_15 | Provider Certification Date | Provider Healthcare Taxonomy Group_1 | Provider Healthcare Taxonomy Group_2 | Provider Healthcare Taxonomy Group_3 | Provider Healthcare Taxonomy Group_4 | Provider Healthcare Taxonomy Group_5 | Provider Healthcare Taxonomy Group_6 | Provider Healthcare Taxonomy Group_7 | Provider Healthcare Taxonomy Group_8 | Provider Healthcare Taxonomy Group_9 | Provider Healthcare Taxonomy Group_10 | Provider Healthcare Taxonomy Group_11 | Provider Healthcare Taxonomy Group_12 | Provider Healthcare Taxonomy Group_13 | Provider Healthcare Taxonomy Group_14 | Provider Healthcare Taxonomy Group_15 | Parent Organization TIN | Provider Organization Name (Legal Business Name) | Other Provider Identifier_1 | Other Provider Identifier Type Code_1 | Other Provider Identifier_2 | Other Provider Identifier Type Code_2 | Other Provider Identifier_3 | Other Provider Identifier Type Code_3 | Other Provider Identifier_4 | Other Provider Identifier Type Code_4 | Other Provider Identifier_5 | Other Provider Identifier Type Code_5 | Other Provider Identifier_6 | Other Provider Identifier Type Code_6 | Other Provider Identifier_7 | Other Provider Identifier Type Code_7 | Other Provider Identifier_8 | Other Provider Identifier Type Code_8 | Other Provider Identifier_9 | Other Provider Identifier Type Code_9 | Other Provider Identifier_10 | Other Provider Identifier Type Code_10 | Other Provider Identifier_11 | Other Provider Identifier Type Code_11 | Other Provider Identifier_12 | Other Provider Identifier Type Code_12 | Other Provider Identifier_13 | Other Provider Identifier Type Code_13 | Other Provider Identifier_14 | Other Provider Identifier Type Code_14 | Other Provider Identifier_15 | Other Provider Identifier Type Code_15 | Is Sole Proprietor | Is Organization Subpart | Parent Organization LBN | Parent Organization TIN | Authorized Official Last Name | Authorized Official First Name | Authorized Official Middle Name | Authorized Official Title or Position | Authorized Official Telephone Number | Is Certified Surgical Facility | Provider Name Effective Date | Provider Name End Date | Provider Business Practice Location Address Fax Number | Provider Business Mailing Address Fax Number | Provider Business Practice Location Address Telephone Number | Provider Business Mailing Address Telephone Number | Provider First Line Business Practice Location Address | Provider Second Line Business Practice Location Address | Provider Business Practice Location Address City Name | Provider Business Practice Location Address State Name | Provider Business Practice Location Address Postal Code | Provider Business Practice Location Address Country Code (If outside U.S.) | Provider Business Mailing Address First Line | Provider Business Mailing Address Second Line | Provider Business Mailing Address City Name | Provider Business Mailing Address State Name | Provider Business Mailing Address Postal Code | Provider Business Mailing Address Country Code (If outside U.S.)