1043721426



NPI 1043721426









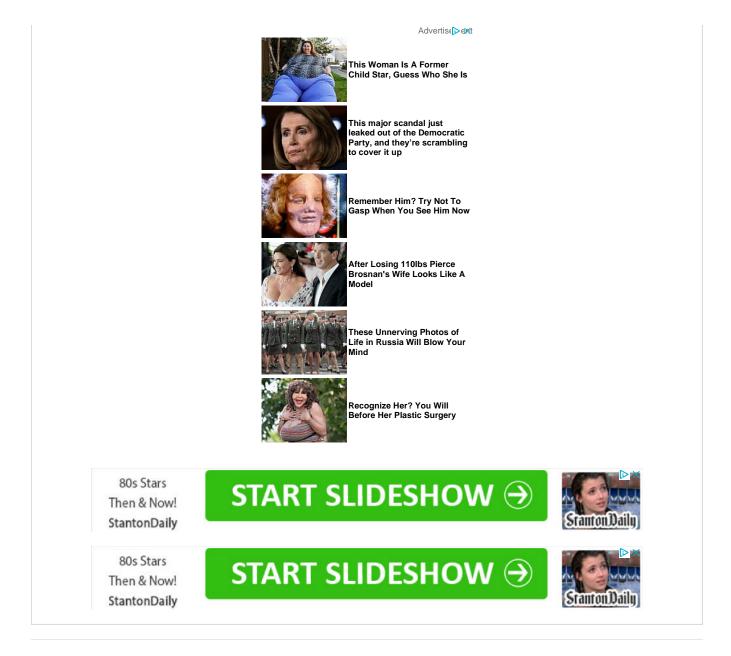
NPI 1043721426 : HANDS IN HANDS CONSULTING : PALOS VERDES ESTATES, CA

General Information				
NPI Number	1043721426			
Entity Type	Organization			
Provider Name (Legal Business Name)	HANDS IN HANDS CONSULTING			
Provider Business Mailing Address				
First Line	605 PASEO DEL MAR			
Second Line				
City	PALOS VERDES ESTATES			
State	CA			
Zip	90274-1220			
Country	US			
Telephone Number	310-634-6354			
Fax Number	424-214-1190			
Provider Practice Location Address				
First Line	605 PASEO DEL MAR			
Second Line				
City	PALOS VERDES ESTATES			

State	CA			
Zip	90274-1220			
Country	US			
Telephone Number	310-634-6354			
Fax Number	424-214-1190			
Authorized Official				
Title or Position	CEO			
Name	DESIRE KOCARSIAN			
Credential				
Telephone Number	310-634-6354			
Dates				
Provider Enumeration Date	10/12/2017			
Last Update Date	10/12/2017			

Scope of Practice (Provider's specialty)

#	Taxonomy Code	Taxonomy	License Number	License Numbe State
1	101YA0400X (Https://Www.hipaaspace.com/Medical_Billing/Coding/Healthcare.provider.taxonomy.code.set/101YA0400X)	Addiction (Substance Use Disorder)		



NPI Data Dissemination. Special Note for Health Care Providers.

In September 2007, CMS began disclosing **NPPES health care provider data that are disclosable under the Freedom of Information Act (FOIA)** to the public. The FOIA-disclosable data for a health care provider (individual or organization) who deactivated an NPI will now be disclosed within the files. For a deactivated NPI, CMS will only disclose the deactivated NPI and the associated date of deactivation within the files.

The NPI Registry and the downloadable files will contain data from the NPPES as reported to NPPES by you, or by someone acting on your behalf, or by an organization provider's Authorized Official. If the downloadable file or the NPI Registry reflects information that is incorrect, health care providers should correct that information.

At any time, providers, or someone acting on their behalf, may edit their records by going to https://nppes.cms.hhs.gov, or by obtaining a paper NPI Application/Update Form (CMS-10114) from the NPI Enumerator or from the CMS forms page (http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms) and mailing the completed, signed form to the NPI Enumerator. Providers who need assistance in editing their records should contact the NPI Enumerator by phone at 1-800-465-3203, by email customerservice@npienumerator.com, or by letter: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059.

Read more at CMS.GOV

https://www.cms.gov/Regulations-and-Guidance/Administrative-

Simplification/NationalProvIdentStand/DataDissemination.html

(https://www.cms.gov/Regulations-and-

Reference Data. Full Replica of the NPPES NPI Record.

#	Field Name	Value	Description	
1	NPI	1043721426	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.	
2	Entity Type	Organization	Code describing the type of health care provider that is being assigned an NPI. Codes are: • 1 = (Person): individual human being who furnishes health care; • 2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).	
3	Employer Identification Number (EIN)	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.	
4	Is Organization Subpart	N	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. 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"). 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": (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. (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. (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 represents a different Healthcare Provider Taxonomy or area of specialization that often submits its own electronic claims to health plans. 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.	
5	Provider Organization Name (Legal Business Name)	HANDS IN HANDS CONSULTING	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.	
6	Provider First Line Business Mailing Address	605 PASEO DEL MAR	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".	
7	Provider Business Mailing Address City Name	PALOS VERDES ESTATES	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".	
8	Provider Business Mailing Address State Name	СА	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".	
9	Provider Business Mailing Address Postal Code	90274-1220	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".	

10	Provider Business Mailing Address 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".	
11	Provider Business Mailing Address Telephone Number	310-634-6354	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".	
12	Provider Business Mailing Address Fax Number	424-214-1190	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".	
13	Provider First Line Business Practice Location Address	605 PASEO DEL MAR	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.	
14	Provider Business Practice Location Address City Name	PALOS VERDES ESTATES	The city name in the location address of the provider being identified.	
15	Provider Business Practice Location Address State Name	CA	The State or Province name in the location address of the provider being identified.	
16	Provider Business Practice Location Address Postal Code	90274-1220	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.	
17	Provider Business Practice Location Address Country Code	US	The country code in the location address of the provider being identified.	
18	Provider Business Practice Location Address Telephone Number	310-634-6354	The telephone number associated with the location address of the provider being identified.	
19	Provider Business Practice Location Address Fax Number	424-214-1190	The fax number associated with the location address of the provider being identified.	
20	Provider Enumeration Date	10/12/2017	The date the provider was assigned a unique identifier (assigned an NPI).	
21	Last Update Date	10/12/2017	The date that a record was last updated or changed.	
22	Authorized Official Last Name	KOCARSIAN	The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.	
23	Authorized Official First Name	DESIRE	The first name of the authorized official	
24	Authorized Official Title or Position	CEO	The title or position of the authorized official	
25	Authorized Official Telephone Number	310-634-6354	The 10-position telephone number of the authorized official.	
26	Healthcare Provider Taxonomy Code #1	101YA0400X	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.	
27	Healthcare Provider Taxonomy 1	Addiction (Substance Use Disorder)	Healthcare Provider Taxonomy #1	
		1	ı	

28	Healthcare Provider Primary Taxonomy Switch 1	Y	Primary Taxonomy: • X - The primary taxonomy switch is Not Answered; • Y - The taxonomy is the primary taxonomy (there can be only one per NPI record); • N - The taxonomy is not the primary taxonomy.
29	Healthcare Provider Taxonomy Group 1	193400000X SINGLE SPECIALTY GROUP	Healthcare Provider Taxonomy Group 1
30	Healthcare Provider Taxonomy Group Description 1	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

Driving Directions to "HANDS IN HANDS CONSULTING" Practice Location

These directions are for planning purposes only. You may find that construction projects, traffic, or other events may cause road conditions to differ from the map results.

Yours Location (Starting point)

Practice Location (Destination)

My Location

Practice Location (Destination)

605 PASEO DEL MAR PALOS VERDES ESTATES C. Get Direction

1043721426



NPI 1043721426

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NPPTO 10 497列 142 Gelp 中外内的OGIFN 中央的 DG 而即以同时的UporeTN @line.PAYOOGINYEREDES violating your constraints and want to notify us, you can find information about submitting notices and www.HIPAASpace.com policy about responding to notices in our Help Senter.

General Information				
NPI Number	1043721426			
Entity Type	Organization			