

NATIONAL PROVIDER IDENTIFIER (NPI) FORM

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SECTION 1 – BASIC INFORMATION

NPI Number 1891903118	Provider (Organization) Full Name DR. AHLUWALIA JASBIR S M.D.	Provider (Organization) Other Name	Entity Type Individual	Replacement NPI		
Gender Male	Enumeration Date 05/18/2007	Last Update Date 07/08/2007	Deactivation Reason Code	Deactivation Date	Reactivation Date	Employer Identification Number (EIN)

SECTION 2 – CONTACT INFORMATION

Business Mailing Address

14400 MONTFORT DR #305, DALLAS TX75254-8457 US

Practice Location Address

6546 LYNDON B JOHNSON FWY , DALLAS TX75240-6502 US

Business Phone Number 254-968-2007	Business Fax Number 254-968-0651	Practice Phone Number 972-385-1333	Practice Fax Number 972-385-1080
Authorized Official – Name	Authorized Official – Title/Position	Authorized Official - Phone Number	

SECTION 3 – LICENSING, IDENTIFICATION INFORMATION

A. TAXONOMY INFORMATION

1. Code: 207VH0002X (Hospice and Palliative Medicine). License Number : F3018 SC.

B. OTHER PROVIDER IDENTIFIERS