

NATIONAL PROVIDER IDENTIFIER (NPI) FORM

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SECTION 1 – BASIC INFORMATION

NPI Number 1396849998	Provider (Organization) Full Name DR. NORMAN BRUCE ELLIOTT M.D.	Provider (Organization) Other Name	Entity Type Individual	Replacement NPI		
Gender Male	Enumeration Date 09/12/2006	Last Update Date 08/26/2008	Deactivation Reason Code	Deactivation Date	Reactivation Date	Employer Identification Number (EIN)

SECTION 2 – CONTACT INFORMATION

Business Mailing Address 111 N BLOODWORTH ST , RALEIGH NC27601-1103 US			
Practice Location Address 111 N BLOODWORTH ST , RALEIGH NC27601-1103 US			
Business Phone Number 919-833-2836	Business Fax Number 919-785-0523	Practice Phone Number 919-833-2836	Practice Fax Number 919-785-0523
Authorized Official – Name		Authorized Official – Title/Position	Authorized Official - Phone Number

SECTION 3 – LICENSING, IDENTIFICATION INFORMATION

A. TAXONOMY INFORMATION

- Code: 207VG0400X (Gynecology). License Number : 040176 GA.
- Code: 207VG0400X (Gynecology). License Number : 9501030 NC.

B. OTHER PROVIDER IDENTIFIERS

- Identifier: H08317. Type: MEDICARE UPIN.