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Medical Data Services > Healthcare Lookup Services > NPI Lookup > **1104860089**



NPI 1104860089 : CANDACE SUE COOLEY M D



NPI Number 1104860089 : CANDACE SUE COOLEY M D : FORT WALTON BEACH, FL

Additionally :

To modify "1104860089" NPI Number profile you may use [EDIT](#) | [DELETE](#) | [SYNCHRONIZE](#) links.

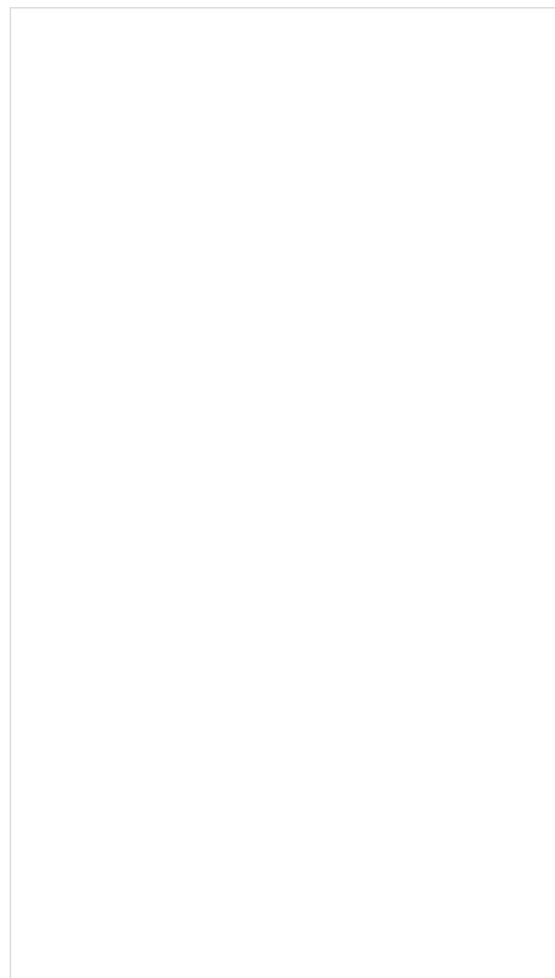
You can get information about "1104860089" NPI number in  [TXT](#) |  [PDF](#) |  [XML](#) |  [JSON](#) formats.

Similar providers may be found using following link : [SIMILAR PROVIDERS](#).

Full detailed information on the "1104860089" NPI number

General Information

NPI Number	: 1104860089
Entity Type Code	: Individual
Provider Name (Legal Business Name)	: CANDACE SUE COOLEY M D
Provider Business Mailing Address	
First Line	: 11 RACETRACK RD NE
Second Line	: SUITE D-2
City	: FORT WALTON BEACH
State	: FL
Zip	: 32547-1882
Country	: US
Telephone Number	: 850-586-7661
Fax Number	: 850-586-7679
Provider Business Practice Location Address	
First Line	: 11 RACETRACK RD NE
Second Line	: SUITE D-2
City	: FORT WALTON BEACH
State	: FL
Zip	: 32547-1882
Country	: US
Telephone Number	: 850-586-7661
Fax Number	: 850-586-7679
Authorized Official	
Title or Position	:
Name	:
Credential	:
Telephone Number	:
Provider Enumeration Date	: 06/15/2006
Last Update Date	: 06/26/2015



Detailed Information

NPI Number **1104860089** has the **“Individual”** type of ownership and has been registered to the following primary business legal name (which is a provider name or healthcare organization name) — **CANDACE SUE COOLEY M D**.
 Records indicate that the provider gender is **“Female”**.
 The enumeration date of this NPI Number is **06/15/2006**.
 NPI Numer information was last updated at **06/26/2015**.

The provider is physically located (Business Practice Location) at:

**11 RACETRACK RD NE
 SUITE D-2
 FORT WALTON BEACH , FL
 32547-1882
 US**

The provider can be reached at his practice location using the following numbers:

**Phone 850-586-7661
 Fax 850-586-7679**

The provider's official mailing address is:

**11 RACETRACK RD NE
 SUITE D-2
 FORT WALTON BEACH , FL
 32547-1882
 US**

The contact numbers associated with the mailing address are:

**Phone 850-586-7661
 Fax 850-586-7679**

The authorized official registered with the **“1104860089”** NPI Number is .

The authorized official title (position) is .

You can reach the authorized official at the following phone number .

Scope of Practice

The following information about the specialty of the provider is available:

#	Taxonomy Code	Taxonomy	License Number	License Number State
1	207V00000X	Obstetrics & Gynecology	47511	CO
2	207V00000X	Obstetrics & Gynecology	ME77965	FL

Legacy Identifiers

For crosswalk purposes, the following legacy (non-NPI) identifiers are available for this provider:

#	Other Provider Identifier	Other Provider Identifier Type	Other Provider Identifier State	Other Provider Identifier Issuer
1	G72623	MEDICARE UPIN	FL	

Reference Data

Full replica of the NPPES NPI record:

#	Field Name	Value	Description
			10-position all-numeric identification number assigned by the NPS to uniquely identify a

1	NPI	1104860089	health care provider.
2	Entity Type	Individual	Code describing the type of health care provider that is being assigned an NPI. Codes are: <ul style="list-style-type: none"> • 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	Is Sole Proprietor	Y	Indicate whether provider is a sole proprietor. <ul style="list-style-type: none"> • A sole proprietor is the sole (the only) owner of a business that is not incorporated; that unincorporated business is a sole proprietorship. • In a sole proprietorship, the sole proprietor owns all of the assets of the business and is solely liable for all of the debts of the business. • There is no difference between a sole proprietorship and a sole proprietor; they are legally a single entity: an individual. • In terms of NPI assignment, a sole proprietor is an Entity type 1 (Individual) and is eligible for only one NPI (the sole proprietorship business is not eligible for its own NPI). • As an individual, a sole proprietorship cannot be a subpart and cannot have subparts. (See NPI Final Rule for information about subparts.) • A sole proprietorship may or may not have employees. • Often, the IRS assigns an EIN to a sole proprietorship in order to protect the sole proprietor's SSN from disclosure in claims or on W-2s. NPES does not capture a sole proprietorship's EIN. • Many types of health care providers could be sole proprietorships (for example, group practices, pharmacies, home health agencies).
4	Provider Last Name (Legal Name)	COOLEY	The last name of the provider (if an individual). If the provider is an individual, this is the legal name. This name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. (First and last names are required for initial applications.) The First, Middle, Last and Credential(s) fields allow 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.
5	Provider First Name	CANDACE	The first name of the provider, if the provider is an individual.
6	Provider Middle Name	SUE	The middle name of the provider, if the provider is an individual.
7	Provider Credential Text	M D	The abbreviations for professional degrees or credentials used or held by the provider, if the provider is an individual. Examples are MD, DDS, CSW, CNA, AA, NP, RNA, or PSY. These credential designations will not be verified by NPS.
8	Provider First Line Business Mailing Address	11 RACETRACK RD NE	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
9	Provider Second Line Business Mailing Address	SUITE D-2	The second line mailing address of the provider being identified. This data element may contain the same information as "Provider second line location address".
10	Provider Business Mailing Address City Name	FORT WALTON BEACH	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".
11	Provider Business Mailing Address State Name	FL	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".
12	Provider Business Mailing Address Postal Code	32547-1882	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".
13	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".
14	Provider Business Mailing Address Telephone Number	850-586- 7661	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".

15	Provider Business Mailing Address Fax Number	850-586-7679	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".
16	Provider First Line Business Practice Location Address	11 RACETRACK RD NE	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.
17	Provider Second Line Business Practice Location Address	SUITE D-2	The second 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.
18	Provider Business Practice Location Address City Name	FORT WALTON BEACH	The city name in the location address of the provider being identified.
19	Provider Business Practice Location Address State Name	FL	The State or Province name in the location address of the provider being identified.
20	Provider Business Practice Location Address Postal Code	32547-1882	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
21	Provider Business Practice Location Address Country Code	US	The country code in the location address of the provider being identified.
22	Provider Business Practice Location Address Telephone Number	850-586-7661	The telephone number associated with the location address of the provider being identified.
23	Provider Business Practice Location Address Fax Number	850-586-7679	The fax number associated with the location address of the provider being identified.
24	Provider Enumeration Date	06/15/2006	The date the provider was assigned a unique identifier (assigned an NPI).
25	Last Update Date	06/26/2015	The date that a record was last updated or changed.
26	Provider Gender Code	F	The code designating the provider's gender if the provider is a person.
27	Provider Gender	Female	The provider's gender if the provider is a person.
28	Healthcare Provider Taxonomy Code #1	207V00000X	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.
29	Healthcare Provider Taxonomy 1	Obstetrics & Gynecology	Healthcare Provider Taxonomy #1
30	Provider License Number 1	47511	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.
31	Provider License Number State Code 1	CO	Provider License Number State Code #1
32	Healthcare Provider Primary Taxonomy Switch 1	N	Primary Taxonomy: <ul style="list-style-type: none"> • 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.
33	Healthcare Provider Taxonomy Code 2	207V00000X	Healthcare Provider Taxonomy Code #2
34	Healthcare Provider	Obstetrics &	Healthcare Provider Taxonomy #2

	Taxonomy 2	Gynecology	
35	Provider License Number 2	ME77965	Provider License Number #2
36	Provider License Number State Code 2	FL	Provider License Number State Code #2
37	Healthcare Provider Primary Taxonomy Switch 2	Y	Primary Taxonomy: <ul style="list-style-type: none"> • 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.
38	Other Provider Identifier 1	G72623	Other Provider Identifier #1
39	Other Provider Identifier Type 1	MEDICARE UPIN	Other Provider Identifier Type #1
40	Other Provider Identifier State 1	FL	Other Provider Identifier State #1

Driving Directions to " CANDACE SUE COOLEY M D" 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)



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