

Provider Information for 1801849146

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HARTFORD PHYSICIAN'S MANAGEMENT CORP.

Other Name: HARTFORD GYN CENTER

Organization Subpart: NO




NPI: 1801849146



Last Updated: 2014-06-16

Details

Name	Value
NPI	1801849146
Enumeration Date	2006-05-18
NPI Type	2- Organization
Status	Active
Mailing Address	<p>601 CHAPEL AVE E SUITE B CHERRY HILL, NJ 08034-1407 United States</p> <p>Phone: 856-356-4025 Fax: 856-356-4038 View Map (/registry/map-view?q=601 CHAPEL AVE E, CHERRY HILL, NJ, 080341407, United States) </p>

Name	Value								
Primary Practice Address	1 MAIN ST UNIT N1 HARTFORD, CT 06106-1806 United States Phone: 860-525-1900 Fax: 860-522-9913 View Map (/registry/map-view?q=1 MAIN ST, HARTFORD, CT, 061061806, United States) 								
Authorized Official Information	Name: ANGELA LAZARUS JD Title: COO Phone: 856-356-4000								
Taxonomy	<table border="1"> <thead> <tr> <th data-bbox="456 699 683 814">Primary Taxonomy</th> <th data-bbox="683 699 1162 814">Selected Taxonomy</th> <th data-bbox="1162 699 1263 814">State</th> <th data-bbox="1263 699 1451 814">License Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 814 683 926">Yes</td> <td data-bbox="683 814 1162 926">261QA0005X - Clinic/Center Ambulatory Family Planning Facility</td> <td data-bbox="1162 814 1263 926">CT</td> <td data-bbox="1263 814 1451 926">0009</td> </tr> </tbody> </table>	Primary Taxonomy	Selected Taxonomy	State	License Number	Yes	261QA0005X - Clinic/Center Ambulatory Family Planning Facility	CT	0009
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Other Identifiers	<table border="1"> <thead> <tr> <th data-bbox="456 1003 812 1077">Issuer</th> <th data-bbox="812 1003 1092 1077">State</th> <th data-bbox="1092 1003 1451 1077">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1077 812 1150">MEDICAID</td> <td data-bbox="812 1077 1092 1150">CT</td> <td data-bbox="1092 1077 1451 1150">004137552</td> </tr> </tbody> </table>	Issuer	State	Number	MEDICAID	CT	004137552		
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