

KRISTY L NEWTON, MD

Ambulatory Health Care Facilities Clinic/Center

Provider NPI: 1316172695

Organization Information:

Organization Name: **KRISTY L NEWTON, MD**

Organization is Subpart

Authorized Official: SUSANNE NELMS PRACTICE
ADMINISTRATOR/DIRECTOR 865-549-4892

Practice Location:

7565 DANNAHER WAY POWELL, TN 37849-4029 US
Tel: 865-522-8821 Fax: 865-522-6650

Business Mailing Address:

7565 DANNAHER WAY POWELL, TN 37849-4029 US
Tel: 865-522-8821 Fax: 865-522-6650

NPI Information:

NPI: 1316172695

Entity Type: Organization

Taxonomy:

| Primary | Code | Category/Description | State | License Number |
|----------------|-------------|--|--------------|-----------------------|
| Y | 261Q00000X | Ambulatory Health Care Facilities Clinic/Center | | |

Other Provider Identifiers:

| Issuer | Number | State | Type |
|---------------|---------------|--------------|-------------|
| | 3373630 | TN | 06 |

[Services](#)

[Healthcare Lookup Services](#)

[NPI Lookup](#)

1316172695

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NPI 1316172695 : KRISTY L NEWTON, MD


**NPI Number 1316172695 : KRISTY L NEWTON, MD :
POWELL, TN**

Additionally :

To modify "1316172695" NPI Number profile you may use given

links: [EDIT](#) | [DELETE](#) | [SYNCHRONIZE](#).

You can get information about "1316172695" NPI number in  [HTML](#) | 

[PDF](#) |  [XML](#) |  [JSON](#) formats.

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

General Information

| | |
|--|------------------------------|
| NPI Number | : 1316172695 |
| Entity Type Code | : Organization |
| Provider Name (Legal Business Name) | : KRISTY L NEWTON, MD |
| Provider Business Mailing Address | |
| First Line | : 7565 DANNAHER WAY |
| Second Line | : |
| City | : POWELL |
| State | : TN |
| Zip | : 37849-4029 |
| Country | : US |
| Telephone Number | : 865-522-8821 |
| Fax Number | : 865-522-6650 |
| Provider Business Practice Location Address | |

First Line : **7565 DANNAHER WAY**
Second Line :
City : **POWELL**
State : **TN**
Zip : **37849-4029**
Country : **US**
Telephone Number : **865-522-8821**
Fax Number : **865-522-6650**

Authorized Official

Title or Position : **PRACTICE
ADMINISTRATOR/DIRECTOR**
Name : **SUSANNE NELMS**
Credential :
Telephone Number : **865-549-4892**
Provider Enumeration Date : **05/15/2009**
Last Update Date : **02/05/2010**

NPI: 1316172695

Provider Name: KRISTY L NEWTON, MD

Classification: *Clinic/Center* - 261Q00000X

Entity Type: Organization

Address:
7565 DANNAHER WAY
POWELL, TN
ZIP 37849

Phone: (865) 522-8821

KRISTY L NEWTON, MD is a **cliniccenter** in Powell, TN. The provider is a facility or distinct part of one used for the diagnosis and treatment of outpatients. Clinic/Center is irregularly defined, sometimes being limited to organizations serving specialized treatment requirements or distinct patient/client groups (e.g., radiology, poor, and public health). KRISTY L NEWTON, MD NPI is **1316172695**. The provider is registered as an organization entity type.

The provider's business location address is:

7565 DANNAHER WAY
POWELL, TN
ZIP 37849-029
Phone: (865) 522-8821
Fax: (865) 522-6650

