



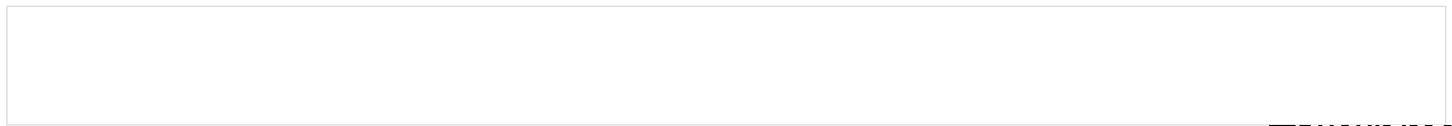
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- [Library](https://www.HIPAASpace.com/medical_coding_library/) (https://www.HIPAASpace.com/medical_coding_library/)
- [Validation](https://www.HIPAASpace.com/medical_data_validation/medical_data_validation_services.aspx) (https://www.HIPAASpace.com/medical_data_validation/medical_data_validation_services.aspx)
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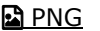
1629115100




1629115100 NPI Number



DR. LUIS GERARDO MARTINEZ MD

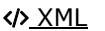


(https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.png)

 [TXT](https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.txt) (https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.txt)



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(https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.xml)



(https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.json)

NPI Number

1629115100


Entity Type

Individual

Healthcare Provider/Organization Name

DR. LUIS GERARDO MARTINEZ MD

Provider Business Mailing Address

 Copy Mailing Address

First Line

777 E 25 ST SUITE # 312

Second Line

City

HIALEAH

State

[Similar Providers](https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.aspx) (https://www.HIPAASpace.com/medical_billing/coding/national_provider_identifier/codes/npi_1629115100.aspx)

FL

Postal Code (Zip)


33013

Country

US

Phone305-835-2800 (tel:305-835-2800)**Fax**

305-835-2888

Provider Business Practice Location Copy Practice Location**First Line**

777 E 25 ST SUITE # 312

Second Line**City**

HIALEAH

State

FL

Postal Code (Zip)

33013

Country

US

Phone305-835-2800 (tel:305-835-2800)**Fax**

305-835-2888

Authorized Official**Title or Position****Name****Credential****Telephone Number****Provider Enumeration Date**

01/31/2007

Last Updated

09/03/2013

Is this your account?[Edit \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1629115100&Action=Edit\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1629115100&Action=Edit)[Delete \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1629115100&Action=Delete\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1629115100&Action=Delete)[Synchronize \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1629115100&Action=Sync\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1629115100&Action=Sync)

Detailed Information

NPI Number **1629115100** 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) — **DR. LUIS GERARDO MARTINEZ MD**. Records indicate that the provider gender is "**Male**". The enumeration date of this NPI Number is **01/31/2007**. NPI Number information was last updated on **09/03/2013**.

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

**777 E 25 ST SUITE # 312
HIALEAH, FL
33013, US**

DR. LUIS GERARDO MARTINEZ MD can be reached at his practice location using the following numbers:

Phone: ☎ **305-835-2800 (tel:305-835-2800)**
Fax: 📠 **305-835-2888**

The provider's official mailing address is:

777 E 25 ST SUITE # 312
HIALEAH, FL
33013, US

The contact numbers associated with the mailing address are:

Phone: ☎ **305-835-2800 (tel:305-835-2800)**
Fax: 📠 **305-835-2888**

Scope of Practice

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

#	Taxonomy Code	Taxonomy Specialty
1	<u>174400000X</u> (https://www.HIPAASpace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/174400000X)	<u>Specialist</u> (https://www.HIPAASpace.com/medical_billing/coding/he)

Legacy (Non-NPI) Identifiers

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

#	Provider Identifier	Identifier Type	Identifier State	Issuer
1	04569	OTHER	FL	BCBS
2	278674500	MEDICAID	FM	
3	ME 97578	OTHER	FL	MEDICAL LICENSE

Legacy & Proprietary Identifiers Ever Reported To NPPES

Collection of legacy and proprietary (non NPI) identifiers ever reported for this provider:

#	Provider Identifier	Identifier Type	Identifier State	Issuer
1	04569	OTHER	FL	BCBS
2	278674500	MEDICAID	FM	
3	D61106	MEDICARE UPIN	FL	
4	ME 97578	OTHER	FL	MEDICAL LICENSE

Reference NPI Information. Full replica of the CMS (NPPES) NPI record

Field Name	Value
NPI	1629115100 10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
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).
Is Sole Proprietor	Y