1215903737

NPI 1215903737

NPI 1215903737 : DR. DAVID B SCHWARTZ MD : CINCINNATI, OH

General Information	
NPI Number	**1215903737**
Entity Type	**Individual**
Provider Name (Legal Business Name)	**DR. DAVID B SCHWARTZ MD**

Provider Business Mailing Address	
First Line	**PO BOX 637201**
Second Line	
City	**CINCINNATI**
State	**OH**
Zip	**45263-0001**
Country	**US**
Telephone Number	**513-843-7632**
Fax Number	**513-843-7945**

Provider Practice Location Address	
First Line	**2123 AUBURN AVE**
Second Line	**STE 320**
City	**CINCINNATI**
State	**OH**
Zip	**45219-2906**
Country	**US**

Telephone Number	513-241-4223
Fax Number	513-241-4228

Authorized Official

Title or Position	
Name	
Credential	
Telephone Number	

Dates

Provider Enumeration Date	02/24/2006
Last Update Date	08/23/2019

Scope of Practice (Provider's specialty)

#	Taxonomy Code	Taxonomy	License Number	License Number State
1	207V00000X (Http://Www.Hipaaspace.Com/Medical_billing/Coding/Healthcare.Provider.Taxonomy.Code.Set/207V00000X)	Obstetrics & Gynecology	35-043742	OH

Legacy Identifiers

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

#	Identifier	Identifier Type	Identifier State	Identifier Issuer
1	P00017019	OTHER	OH	RAILROAD MEDICARE
2	0482491	MEDICAID	OH	
3	100336040 B	MEDICAID	IN	
4	64782998	MEDICAID	KY	

Proprietary Identifiers Ever Reported

#	Identifier	Identifier Type	Identifier State	Identifier Issuer
1	0482491	MEDICAID	OH	
2	100336040 B	MEDICAID	IN	
3	64782998	MEDICAID	KY	
4	P00017019	OTHER	OH	RAILROAD MEDICARE

NPI Data Dissemination. Special Note for Health Care Providers.

In September 2007, CMS began disclosing **NPPES health care provider data that are disclosable under the Freedom of Information Act (FOIA)** to the public. The FOIA-disclosable data for a health care provider (individual or organization) who deactivated an NPI will now be disclosed within the files. For a deactivated NPI, CMS will only disclose the deactivated NPI and the associated date of deactivation within the files.

The NPI Registry and the downloadable files will contain data from the NPPES as reported to NPPES **by you, or by someone acting on your behalf**, or by an organization provider's Authorized Official. If the downloadable file or the NPI Registry reflects information that is incorrect, health care providers should correct that information.

At any time, providers, or someone acting on their behalf, may edit their records by going to https://nppes.cms.hhs.gov, or by obtaining a paper NPI Application/Update Form (CMS-10114) from the NPI Enumerator or from the CMS forms page (http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms) and mailing the completed, signed form to the NPI Enumerator. Providers who need assistance in editing their records should contact the NPI Enumerator by phone at 1-800-465-3203, by email customerservice@npienumerator.com, or by letter: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059.

Read more at CMS.GOV
https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination.html (https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination.html)

Reference Data. Full Replica of the NPPES NPI Record.

#	Field Name	Value	Description
1	NPI	1215903737	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.

2	Entity Type	Individual	Code describing the type of health care provider that is being assigned an NPI. Codes are: • 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	N	Indicate whether provider is a sole proprietor. • 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. NPPES 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)	SCHWARTZ	You must provide the provider's Last Name is Required. The Last Name associated with an Other Name is only required if a Type of Other Name is selected.
5	Provider First Name	DAVID	You must provide the provider's First Name is Required. The First Name associated with an Other Name is only required if a Type of Other Name is selected.
6	Provider Middle Name	B	Providing the provider's Middle Name under both Provider Name Information as well as Other Name (if applicable) is optional.
7	Provider Name Prefix Text	DR.	The name prefix or salutation of the provider if the provider is an individual; for example, Mr., Mrs., or Corporal.
8	Provider Credential Text	MD	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.
9	Provider First Line Business Mailing Address	PO BOX 637201	The first line mailing address of the provider being identified. This data element may contain the same information as ''Provider first line location address''.
10	Provider Business Mailing Address City Name	CINCINNATI	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	OH	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	45263-0001	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	513-843-7632	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	513-843-7945	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	2123 AUBURN AVE	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	STE 320	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	CINCINNATI	The city name in the location address of the provider being identified.
19	Provider Business Practice Location Address State Name	OH	The State or Province name in the location address of the provider being identified.
20	Provider Business Practice Location Address Postal Code	45219-2906	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	513-241-4223	The telephone number associated with the location address of the provider being identified.
23	Provider Business Practice Location Address Fax Number	513-241-4228	The fax number associated with the location address of the provider being identified.
24	Provider Enumeration Date	02/24/2006	The date the provider was assigned a unique identifier (assigned an NPI).
25	Last Update Date	08/23/2019	The date that a record was last updated or changed.
26	Provider Gender Code	M	The code designating the provider's gender if the provider is a person.
27	Provider Gender	Male	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	35-043742	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	OH	Provider License Number State Code #1

32	Healthcare Provider Primary Taxonomy Switch 1	Y	Primary Taxonomy: • 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	Other Provider Identifier 1	P00017019	Other Provider Identifier #1
34	Other Provider Identifier Type 1	OTHER	Other Provider Identifier Type #1
35	Other Provider Identifier State 1	OH	Other Provider Identifier State #1
36	Other Provider Identifier Issuer 1	RAILROAD MEDICARE	Other Provider Identifier Issuer #1
37	Other Provider Identifier 2	0482491	Other Provider Identifier #2
38	Other Provider Identifier Type 2	MEDICAID	Other Provider Identifier Type #2
39	Other Provider Identifier State 2	OH	Other Provider Identifier State #2
40	Other Provider Identifier 3	100336040 B	Other Provider Identifier #3
41	Other Provider Identifier Type 3	MEDICAID	Other Provider Identifier Type #3
42	Other Provider Identifier State 3	IN	Other Provider Identifier State #3
43	Other Provider Identifier 4	64782998	Other Provider Identifier #4
44	Other Provider Identifier Type 4	MEDICAID	Other Provider Identifier Type #4
45	Other Provider Identifier State 4	KY	Other Provider Identifier State #4