

1356413819



NPI 1356413819

NPI 1356413819 : SHELDON C. TURKISH M.D. : PERTH AMBOY, NJ

<b>General Information</b>	
<b>NPI Number</b>	1356413819
<b>Entity Type</b>	Individual
<b>Provider Name (Legal Business Name)</b>	SHELDON C. TURKISH M.D.
<b>Provider Business Mailing Address</b>	
<b>First Line</b>	511 NEW BRUNSWICK AVE
<b>Second Line</b>	
<b>City</b>	PERTH AMBOY
<b>State</b>	NJ
<b>Zip</b>	08861-3655
<b>Country</b>	US
<b>Telephone Number</b>	732-826-3600
<b>Fax Number</b>	732-826-5183
<b>Provider Practice Location Address</b>	
<b>First Line</b>	511 NEW BRUNSWICK AVE
<b>Second Line</b>	PERTH AMBOY
<b>City</b>	PERTH AMBOY
<b>State</b>	NJ
<b>Zip</b>	08861-3655
<b>Country</b>	US
<b>Telephone Number</b>	732-826-3600
<b>Fax Number</b>	732-826-5183
<b>Authorized Official</b>	

<b>Title or Position</b>	
<b>Name</b>	
<b>Credential</b>	
<b>Telephone Number</b>	
<b>Dates</b>	
<b>Provider Enumeration Date</b>	<b>11/13/2006</b>
<b>Last Update Date</b>	<b>03/06/2017</b>

**Scope of Practice (Provider's specialty)**

#	Taxonomy Code	Taxonomy	License Number	License Number State
1	<u>207V00000X</u> ( <a href="http://www.hipaaspace.com/Medical_billing/Coding/Healthcare.Provider.Taxonomy.Code.Set/207V00000X">Http://Www.Hipaaspace.Com/Medical_billing/Coding/Healthcare.Provider.Taxonomy.Code.Set/207V00000X</a> )	Obstetrics & Gynecology	25MA02238200	NJ



**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](mailto: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>  
[\(<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination.html>\)](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	1356413819	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: <ul style="list-style-type: none"> <li>• 1 = (Person): individual human being who furnishes health care;</li> <li>• 2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).</li> </ul>

3	Is Sole Proprietor	N	<p>Indicate whether provider is a sole proprietor.</p> <ul style="list-style-type: none"> <li>• A sole proprietor is the sole (the only) owner of a business that is not incorporated; that unincorporated business is a sole proprietorship.</li> <li>• 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.</li> <li>• There is no difference between a sole proprietorship and a sole proprietor; they are legally a single entity: an individual.</li> <li>• 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).</li> <li>• As an individual, a sole proprietorship cannot be a subpart and cannot have subparts. (See NPI Final Rule for information about subparts.)</li> </ul> <p>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).</p>
4	Provider Last Name (Legal Name)	TURKISH	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	SHELDON	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	C.	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	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.
9	Provider First Line Business Mailing Address	511 NEW BRUNSWICK AVE	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	PERTH AMBOY	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	NJ	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	08861-3655	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	732-826-3600	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	732-826-5183	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	511 NEW BRUNSWICK 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	PERTH AMBOY	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	PERTH AMBOY	The city name in the location address of the provider being identified.
19	Provider Business Practice Location Address State Name	NJ	The State or Province name in the location address of the provider being identified.
20	Provider Business Practice Location Address Postal Code	08861-3655	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	732-826-3600	The telephone number associated with the location address of the provider being identified.
23	Provider Business Practice Location Address Fax Number	732-826-5183	The fax number associated with the location address of the provider being identified.
24	Provider Enumeration Date	11/13/2006	The date the provider was assigned a unique identifier (assigned an NPI).
25	Last Update Date	03/06/2017	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	25MA02238200	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	NJ	Provider License Number State Code #1
32	Healthcare Provider Primary Taxonomy Switch 1	Y	Primary Taxonomy: <ul style="list-style-type: none"> <li>• X - The primary taxonomy switch is Not Answered;</li> <li>• Y - The taxonomy is the primary taxonomy (there can be only one per NPI record);</li> <li>• N - The taxonomy is not the primary taxonomy.</li> </ul>

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