

1992896591



# 1992896591 NPI Number Info

Status: Active (Since 09/27/2006)

WAYNE R. WEBER MD



API



PNG



TXT



PDF



XML



JSON

([http://www.hipaaspace.com/medical\\_billing/coding/billing\\_code\\_lookup\\_services/medical\\_coding\\_web\\_services/enterprises/crosswalks/medical\\_billing/crosswalk.services/library/validation/medical\\_data\\_validation\\_services.aspx](http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services/medical_coding_web_services/enterprises/crosswalks/medical_billing/crosswalk.services/library/validation/medical_data_validation_services.aspx))

NPI Number	1992896591	Similar Providers ( <a href="http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services/medical_coding_web_services/enterprises/crosswalks/medical_billing/crosswalk.services/library/validation/medical_data_validation_services.aspx">http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services/medical_coding_web_services/enterprises/crosswalks/medical_billing/crosswalk.services/library/validation/medical_data_validation_services.aspx</a> )
Entity Type	Individual	
Provider Name	WAYNE R. WEBER MD	
Provider Mailing Address	<div><div><div><div></div></div><div>Copy Mailing Address</div></div></div>	
First Line	3050 E AIRPORT WAY	
Second Line		
City	LONG BEACH	
State	CA	
Postal Code	90806-2404	
Country	US	
Phone	562-426-9661 (tel:562-426-9661)	
Fax	562-426-4227	
Provider Practice Location	<div><div><div><div></div></div><div>Copy Practice Location</div></div></div>	
First Line	8635 FIRESTONE BLVD	
Second Line	SUITE # 100	
City	DOWNEY	
State	CA	
Postal Code	90241-5242	
Country	US	
Phone	562-862-5121 (tel:562-862-5121)	
Fax	562-862-3027	
Authorized Official		
Title or Position		
Name		
Credential		
Telephone Number		
Provider Enumeration Date	09/27/2006	
Last Updated	07/08/2007	

Is it your NPI number ?

Edit (http://www.npiv validator.com/UpdateProfile.aspx?NPI=1992896591&Action=Edit)

Delete (http://www.npiv validator.com/UpdateProfile.aspx?NPI=1992896591&Action=Delete)

Synchronize (http://www.npiv validator.com/UpdateProfile.aspx?NPI=1992896591&Action=Sy

## Detailed Information

NPI Number **1992896591** 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) — **WAYNE R. WEBER MD**. Records indicate that the provider gender is **"Male"**. The enumeration date of this NPI Number is **09/27/2006**. NPI Number information was last updated on **07/08/2007**.

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

8635 FIRESTONE BLVD SUITE # 100  
DOWNEY, CA  
90241-5242, US

**WAYNE R. WEBER MD** can be reached at his practice location using the following numbers:

Phone: ☎ **562-862-5121 (tel:562-862-5121)**  
Fax: 📠 **562-862-3027**

The provider's official mailing address is:

3050 E AIRPORT WAY  
LONG BEACH, CA  
90806-2404, US

The contact numbers associated with the mailing address are:

Phone: ☎ **562-426-9661 (tel:562-426-9661)**  
Fax: 📠 **562-426-4227**

## Scope of Practice

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

#	Taxonomy Code	Taxonomy Specialty
1	207V00000X ( <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 ( <a href="http://www.hipaaspace.com/medical_billing/coding/healthcare.pro">http://www.hipaaspace.com/medical_billing/coding/healthcare.pro</a> )

## 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	00C313210	OTHER	CA	MEDI-CAL

## 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	00C313210	OTHER	CA	MEDI-CAL

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


Field Name	Value
NPI	1992896591  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"><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>
Is Sole Proprietor	N  Indicate whether provider is a sole proprietor. <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><li>A sole proprietorship may or may not have employees.</li><li>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.</li><li>Many types of health care providers could be sole proprietorships (for example, group practices, pharmacies, home health agencies).</li></ul>
Provider Last Name (Legal Name)	WEBER  The last name of the provider (if an individual). If the provider is an individual, this is the legal name. This name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. (First and last names are required for initial applications.) The First, Middle, Last and Credential(s) fields allow 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.
Provider First Name	WAYNE  The first name of the provider, if the provider is an individual.

Field Name	Value
<b>Provider Middle Name</b>	<b>R.</b> The middle name of the provider, if the provider is an individual.
<b>Provider Credential Text</b>	<b>MD</b> 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.
<b>Provider First Line Business Mailing Address</b>	<b>3050 E AIRPORT WAY</b> The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
<b>Provider Business Mailing Address City Name</b>	<b>LONG BEACH</b> 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".
<b>Provider Business Mailing Address State Name</b>	<b>CA</b> 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".
<b>Provider Business Mailing Address Postal Code</b>	<b>90806-2404</b> 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".
<b>Provider Business Mailing Address Country Code</b>	<b>US</b> 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".
<b>Provider Business Mailing Address Telephone Number</b>	<b>562-426-9661</b> 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".
<b>Provider Business Mailing Address Fax Number</b>	<b>562-426-4227</b> 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".
<b>Provider First Line Business Practice Location Address</b>	<b>8635 FIRESTONE BLVD</b> 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.
<b>Provider Second Line Business Practice Location Address</b>	<b>SUITE # 100</b> 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.
<b>Provider Business Practice Location Address City Name</b>	<b>DOWNEY</b> The city name in the location address of the provider being identified.
<b>Provider Business Practice Location Address State Name</b>	<b>CA</b> The State or Province name in the location address of the provider being identified.
<b>Provider Business</b>	<b>90241-5242</b>

Field Name	Value
<b>Practice Location Address Postal Code</b>	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
<b>Provider Business Practice Location Address Country Code</b>	<b>US</b>  The country code in the location address of the provider being identified.
<b>Provider Business Practice Location Address Telephone Number</b>	<b>562-862-5121</b>  The telephone number associated with the location address of the provider being identified.
<b>Provider Business Practice Location Address Fax Number</b>	<b>562-862-3027</b>  The fax number associated with the location address of the provider being identified.
<b>Provider Enumeration Date</b>	<b>09/27/2006</b>  The date the provider was assigned a unique identifier (assigned an NPI).
<b>Last Update Date</b>	<b>07/08/2007</b>  The date that a record was last updated or changed.
<b>Provider Gender Code</b>	<b>M</b>  The code designating the provider's gender if the provider is a person.
<b>Provider Gender</b>	<b>Male</b>  The provider's gender if the provider is a person.
<b>Healthcare Provider Taxonomy Code #1</b>	<b>207V00000X</b>  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.
<b>Healthcare Provider Taxonomy 1</b>	<b>Obstetrics &amp; Gynecology</b>  Healthcare Provider Taxonomy #1
<b>Provider License Number 1</b>	<b>C31321</b>  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.
<b>Provider License Number State Code 1</b>	<b>CA</b>  Provider License Number State Code #1
<b>Healthcare Provider Primary Taxonomy Switch 1</b>	<b>Y</b>  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>
<b>Other Provider Identifier 1</b>	<b>00C313210</b>  Other Provider Identifier #1
<b>Other Provider Identifier Type 1</b>	<b>OTHER</b>  Other Provider Identifier Type #1
<b>Other Provider Identifier</b>	<b>CA</b>

State 1 Field Name	Value
	Other Provider Identifier State #1
Other Provider Identifier	MEDI-CAL
Issuer 1	Other Provider Identifier Issuer #1

## Directions to "WAYNE R. WEBER MD" Practice Location

Yours Location (Starting point)	Practice Location (Destination)	
<input type="text" value="My Location"/>	<input type="text" value="8635 FIRESTONE BLVD SUITE # 100 DOWNEY, CA, 90241-5242"/>	<input type="button" value="Get Direction"/>
<div></div>		

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www.HIPAA Space.com privacy policies explain how we treat your personal data and protect your privacy when you use our Services. By using our Services, you agree that www.HIPAA Space.com can use such data in accordance with our privacy policies.

We respond to notices of alleged copyright infringement and terminate accounts of repeat infringers according to the process set out in the U.S. Digital Millennium Copyright Act.

We provide information to help copyright holders manage their intellectual property online. If you think somebody is violating your copyrights and want to notify us, you can find information about submitting notices and www.HIPAA Space.com policy about responding to notices in our Help Center.