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1164556346



# 1164556346 NPI Number Info

Status: Active (Since 03/16/2007)

BUSHRA SAEED M.D.



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[PNG](#)



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<b>NPI Number</b>	1164556346	<a href="#">Similar Providers (http://www.hipaaspace.co</a>
<b>Entity Type</b>	Individual	
<b>Provider Name</b>	BUSHRA SAEED M.D.	
<b>Provider Mailing Address</b>	<input type="button" value="Copy Mailing Address"/>	
<b>First Line</b>	160 E VIRGINIA ST	
<b>Second Line</b>	SUITE 100	
<b>City</b>	SAN JOSE	
<b>State</b>	CA	
<b>Postal Code</b>	95112-5857	
<b>Country</b>	US	
<b>Phone</b>	<u>408-918-2600 (tel:408-918-2600)</u>	
<b>Fax</b>	408-579-6143	
<b>Provider Practice Location</b>	<input type="button" value="Copy Practice Location"/>	
<b>First Line</b>	160 E VIRGINIA ST	
<b>Second Line</b>	SUITE 100	
<b>City</b>	SAN JOSE	
<b>State</b>	CA	
<b>Postal Code</b>	95112-5857	
<b>Country</b>	US	
<b>Phone</b>	<u>408-918-2600 (tel:408-918-2600)</u>	
<b>Fax</b>	408-579-6143	
<b>Authorized Official</b>		
<b>Title or Position</b>		
<b>Name</b>		
<b>Credential</b>		
<b>Telephone Number</b>		
<b>Provider Enumeration Date</b>	03/16/2007	
<b>Last Updated</b>	01/20/2017	

Is it your NPI number ?

Synchronize (<http://www.npivalidator.com/UpdateProfile.aspx?NPI=1164556346&Action=Sync>)

## Detailed Information

NPI Number **1164556346** 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) — **BUSHRA SAEED M.D.**. Records indicate that the provider gender is "**Female**". The enumeration date of this NPI Number is **03/16/2007**. NPI Number information was last updated on **01/20/2017**.

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

**160 E VIRGINIA ST SUITE 100  
SAN JOSE, CA  
95112-5857, US**

**BUSHRA SAEED M.D.** can be reached at his practice location using the following numbers:

Phone: ☎ **408-918-2600 (tel:408-918-2600)**  
Fax: 📠 **408-579-6143**

The provider's official mailing address is:

**160 E VIRGINIA ST SUITE 100  
SAN JOSE, CA  
95112-5857, US**

The contact numbers associated with the mailing address are:

Phone: ☎ **408-918-2600 (tel:408-918-2600)**  
Fax: 📠 **408-579-6143**

## Scope of Practice

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

#	Taxonomy Code	Taxonomy Specialty
1	<a href="http://www.hipaaspace.com/medical_billing/coding/healthcare_provider_taxonomy_code_set/207Q00000X">207Q00000X</a> ( <a href="http://www.hipaaspace.com/medical_billing/coding/healthcare_provider_taxonomy_code_set/207Q00000X">http://www.hipaaspace.com/medical_billing/coding/healthcare_provider_taxonomy_code_set/207Q00000X</a> )	Family Medicine ( <a href="http://www.hipaaspace.com/medical_billing/coding/healthcare_provider_taxo">http://www.hipaaspace.com/medical_billing/coding/healthcare_provider_taxo</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
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## 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
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## Reference NPI Information. Full replica of the CMS (NPPES) NPI record

Field Name	Value
<b>NPI</b>	<b>1164556346</b>
	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<b>Entity Type</b>	<b>Individual</b>

Field Name	Value
	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>
<b>Is Sole Proprietor</b>	<b>N</b> 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>
<b>Provider Last Name (Legal Name)</b>	<b>SAEED</b> 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.
<b>Provider First Name</b>	<b>BUSHRA</b> The first name of the provider, if the provider is an individual.
<b>Provider Credential Text</b>	<b>M.D.</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 Other Last Name</b>	<b>SIDDIQI</b> Other last name by which the provider being identified is or has been known (if an individual)
<b>Provider Other First Name</b>	<b>BUSHRA</b> Other first name by which the provider being identified is or has been known (if an individual). This may be the same as the "Provider first name" if the provider is or has been known by a different last name only.
<b>Provider Other Middle Name</b>	<b>FATIMA</b> Other middle name by which the provider being identified is or has been known (if an individual). This may be the same as the "Provider middle name" if the provider is or has been known by a different last name only.
<b>Provider Other Credential Text</b>	<b>MD</b> Provider Other Credential Text
<b>Provider Other Last Name Type Code</b>	<b>1</b> Code identifying the type of other name. Codes are: 1 = former name; 2 = professional name; 5 = other.
<b>Provider First Line Business Mailing Address</b>	<b>160 E VIRGINIA ST</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 Second Line Business Mailing Address</b>	<b>SUITE 100</b> The second line mailing address of the provider being identified. This data element may contain the same information as "Provider second line location address".
<b>Provider Business Mailing Address City Name</b>	<b>SAN JOSE</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>95112-5857</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</b>	<b>US</b>

Mailing Address Field Name	Value
Country Code	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".
Provider Business Mailing Address Telephone Number	<b>408-918-2600</b>
Provider Business Mailing Address Telephone Number	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".
Provider Business Mailing Address Fax Number	<b>408-579-6143</b>
Provider Business Mailing Address Fax Number	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".
Provider First Line Business Practice Location Address	<b>160 E VIRGINIA ST</b>
Provider First Line Business Practice Location Address	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.
Provider Second Line Business Practice Location Address	<b>SUITE 100</b>
Provider Second Line Business Practice Location Address	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.
Provider Business Practice Location Address City Name	<b>SAN JOSE</b>
Provider Business Practice Location Address City Name	The city name in the location address of the provider being identified.
Provider Business Practice Location Address State Name	<b>CA</b>
Provider Business Practice Location Address State Name	The State or Province name in the location address of the provider being identified.
Provider Business Practice Location Address Postal Code	<b>95112-5857</b>
Provider Business Practice Location Address Postal Code	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
Provider Business Practice Location Address Country Code	<b>US</b>
Provider Business Practice Location Address Country Code	The country code in the location address of the provider being identified.
Provider Business Practice Location Address Telephone Number	<b>408-918-2600</b>
Provider Business Practice Location Address Telephone Number	The telephone number associated with the location address of the provider being identified.
Provider Business Practice Location Address Fax Number	<b>408-579-6143</b>
Provider Business Practice Location Address Fax Number	The fax number associated with the location address of the provider being identified.
Provider Enumeration Date	<b>03/16/2007</b>
Provider Enumeration Date	The date the provider was assigned a unique identifier (assigned an NPI).
Last Update Date	<b>01/20/2017</b>
Last Update Date	The date that a record was last updated or changed.
Provider Gender Code	<b>F</b>
Provider Gender Code	The code designating the provider's gender if the provider is a person.
Provider Gender	<b>Female</b>

Field Name	Value
	The provider's gender if the provider is a person.
<b>Healthcare Provider Taxonomy Code #1</b>	<b>207Q00000X</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>Family Medicine</b> Healthcare Provider Taxonomy #1
<b>Provider License Number 1</b>	<b>A103396</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>

## Directions to "BUSHRA SAEED M.D." Practice Location

**Yours Location (Starting point)**

**Practice Location (Destination)**

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