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1235348046



1235348046 NPI Number Info

Status: Active (Since 05/21/2007)

PHYLLIS PATRICIA CASON RN, MS, FNP-C



API



PNG



TXT



PDF



XML



JSON

(http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx)

NPI Number

1235348046

[Similar Providers](http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx)

Entity Type

Individual

Provider Name

PHYLLIS PATRICIA CASON RN, MS, FNP-C

Provider Mailing Address

Copy Mailing Address

First Line

400 W 30TH ST

Second Line

City

LOS ANGELES

State

CA

Postal Code

90007-3320

Country

US

Phone

213-284-3200 (tel:213-284-3200)

Fax

213-284-3350

Provider Practice Location

Copy Practice Location

First Line

400 W 30TH ST

Second Line

City

LOS ANGELES

State

CA

| | |
|----------------------------------|--|
| Postal Code | 90007-3320 |
| Country | US |
| Phone | <u>213-284-3200 (tel:213-284-3200)</u> |
| Fax | 213-284-3350 |
| Authorized Official | |
| Title or Position | |
| Name | |
| Credential | |
| Telephone Number | |
| Provider Enumeration Date | 05/21/2007 |
| Last Updated | 01/16/2013 |

Is it your NPI number ?[Edit \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1235348046&Action=Edit\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1235348046&Action=Edit)[Delete \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1235348046&Action=Delete\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1235348046&Action=Delete)[Synchronize \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1235348046&Action=Synchronize\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1235348046&Action=Synchronize)

Detailed Information

NPI Number **1235348046** 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) — **PHYLLIS PATRICIA CASON RN, MS, FNP-C**. Records indicate that the provider gender is "**Female**". The enumeration date of this NPI Number is **05/21/2007**. NPI Number information was last updated on **01/16/2013**.

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

**400 W 30TH ST
LOS ANGELES, CA
90007-3320, US**

PHYLLIS PATRICIA CASON RN, MS, FNP-C can be reached at his practice location using the following numbers:

Phone: ☎ 213-284-3200 (tel:213-284-3200)
Fax: 📠 213-284-3350

The provider's official mailing address is:

**400 W 30TH ST
LOS ANGELES, CA
90007-3320, US**

The contact numbers associated with the mailing address are:

Phone: ☎ 213-284-3200 (tel:213-284-3200)
Fax: 📠 213-284-3350

Scope of Practice

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

| # | Taxonomy Code | Taxonomy Specialty |
|---|---|---|
| 1 | 363LF0000X (http://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/363LF0000X) | Family (http://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/363LF0000X) |
| 2 | 363LW0102X (http://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/363LW0102X) | Women's Health (http://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/363LW0102X) |

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 | NPF5483 | OTHER | CA | FURNISHING 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 | NPF5483 | OTHER | CA | FURNISHING LICENSE |

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

| Field Name | Value |
|--|--|
| NPI | 1235348046 |
| | 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 | N |
| | Indicate whether provider is a sole proprietor. <ul style="list-style-type: none"> 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). |
| Provider Last Name (Legal Name) | CASON |
| | 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 | PHYLLIS |
| | The first name of the provider, if the provider is an individual. |
| Provider Middle Name | PATRICIA |
| | The middle name of the provider, if the provider is an individual. |
| Provider Name Prefix Text | MS. |
| | The name prefix or salutation of the provider if the provider is an individual; for example, Mr., Mrs., or Corporal. |
| Provider Credential | RN, MS, FNP-C |

| Text Field Name | Value |
|---|---|
| | 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. |
| Provider Other Last Name | CASON Other last name by which the provider being identified is or has been known (if an individual) |
| Provider Other First Name | PATTY 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. |
| Provider Other Name Prefix Text | MS. Provider Other Name Prefix Text |
| Provider Other Last Name Type Code | 5 Code identifying the type of other name. Codes are: 1 = former name; 2 = professional name; 5 = other. |
| Provider Business Mailing Address | 400 W 30TH ST The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address". |
| Provider Business Mailing Address City Name | LOS ANGELES 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". |
| Provider Business Mailing Address State Name | CA 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". |
| Provider Business Mailing Address Postal Code | 90007-3320 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". |
| 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". |
| Provider Business Mailing Address Telephone Number | 213-284-3200 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 | 213-284-3350 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 Business Practice | 400 W 30TH ST |

| Location Field Name Address | Value |
|---|---|
| | 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 Business Practice Location Address City Name | LOS ANGELES The city name in the location address of the provider being identified. |
| Provider Business Practice Location Address State Name | CA The State or Province name in the location address of the provider being identified. |
| Provider Business Practice Location Address Postal Code | 90007-3320 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 | US The country code in the location address of the provider being identified. |
| Provider Business Practice Location Address Telephone Number | 213-284-3200 The telephone number associated with the location address of the provider being identified. |
| Provider Business Practice Location Address Fax Number | 213-284-3350 The fax number associated with the location address of the provider being identified. |
| Provider Enumeration Date | 05/21/2007 The date the provider was assigned a unique identifier (assigned an NPI). |
| Last Update Date | 01/16/2013 The date that a record was last updated or changed. |
| Provider Gender Code | F The code designating the provider's gender if the provider is a person. |
| Provider Gender | Female The provider's gender if the provider is a person. |
| Healthcare Provider Taxonomy Code #1 | 363LF0000X 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. |
| Healthcare | Family |

| Field Name | Value |
|--|---|
| Provider Taxonomy 1 | Healthcare Provider Taxonomy #1 |
| Provider License Number 1 | RN 460227 NP5483 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. |
| Provider License Number State Code 1 | CA Provider License Number State Code #1 |
| Healthcare Provider Primary Taxonomy Switch 1 | Y Primary Taxonomy: <ul style="list-style-type: none"> • 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. |
| Healthcare Provider Taxonomy Code 2 | 363LW0102X Healthcare Provider Taxonomy Code #2 |
| Healthcare Provider Taxonomy 2 | Women's Health Healthcare Provider Taxonomy #2 |
| Provider License Number 2 | RN 460227 NP 5483 Provider License Number #2 |
| Provider License Number State Code 2 | CA Provider License Number State Code #2 |
| Healthcare Provider Primary Taxonomy Switch 2 | N Primary Taxonomy: <ul style="list-style-type: none"> • 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. |
| Other Provider Identifier 1 | NPF5483 Other Provider Identifier #1 |
| Other Provider Identifier Type 1 | OTHER Other Provider Identifier Type #1 |
| Other Provider Identifier State 1 | CA Other Provider Identifier State #1 |
| Other Provider Identifier Issuer 1 | FURNISHING LICENSE Other Provider Identifier Issuer #1 |

Directions to "PHYLLIS PATRICIA CASON RN, MS, FNP-C" Practice Location

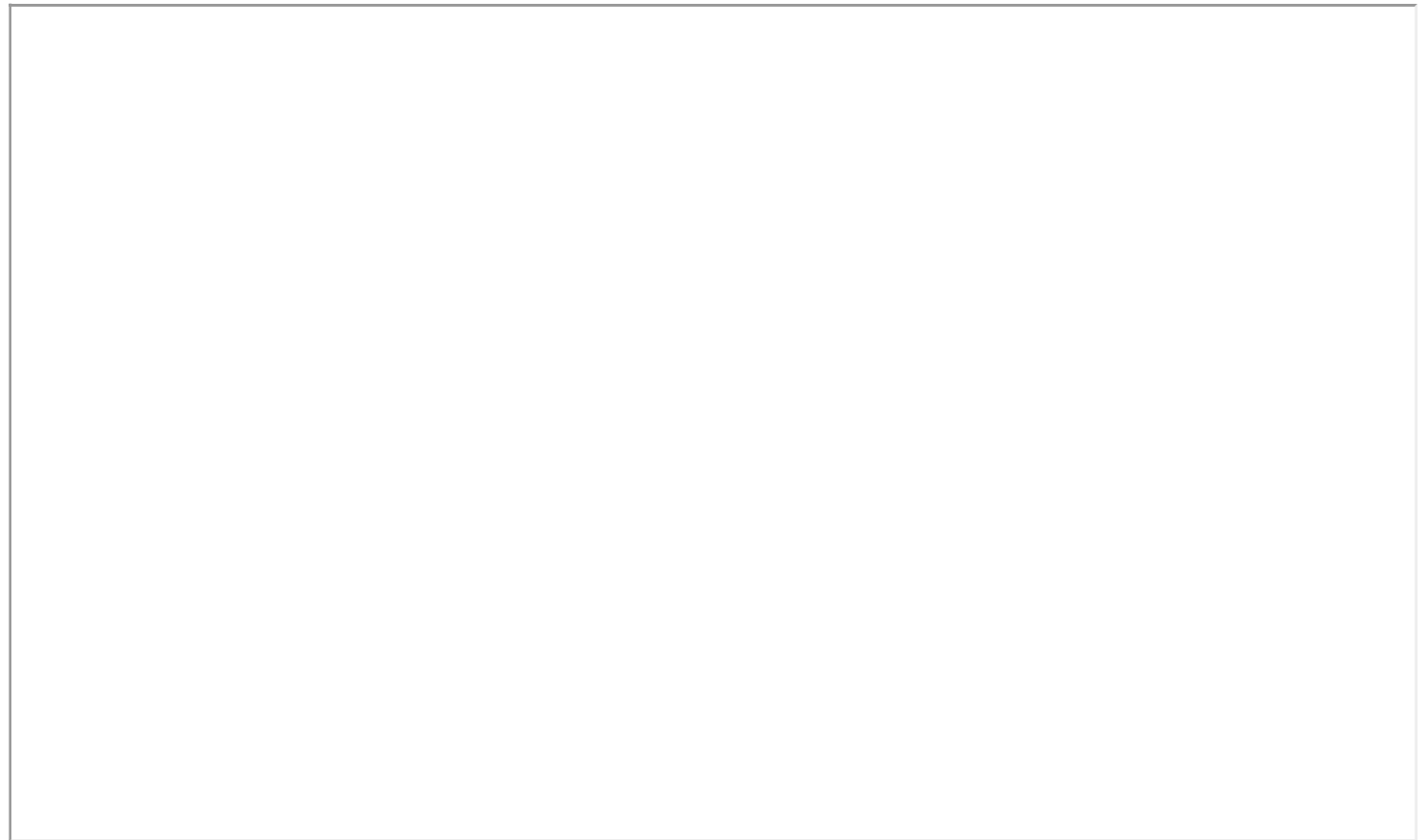
Yours Location (Starting point)

Practice Location (Destination)

My Location

400 W 30TH ST LOS ANGELES, CA, 90007-3320

Get Direction



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