HIPAASpace (https://www.hipaaspace.com/) (https://www.hipaaspace.com/MadeInUSA.aspx)

Contact us (https://www.hipaaspace.com/general/feedback.aspx) | Sign in (https://www.hipaaspace.com/myaccount/default.aspx)

Lookup (https://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx)
HS API (https://www.hipaaspace.com/medical_web_services/medical_coding_web_services.aspx)
Service Map (https://www.hipaaspace.com/service-map) Advertise (https://www.hipaaspace.com/knowledge.base/advertisement.aspx)
Businesses (https://www.hipaaspace.com/enterprises) Crosswalks (https://www.hipaaspace.com/medical_billing/crosswalk.services)
Library (https://www.hipaaspace.com/medical.coding.library/)
Validation (https://www.hipaaspace.com/medical_data_validation/medical_data_validation_services.aspx)
Drug Reports (https://www.hipaaspace.com/medical-statistics/food-and-drug-administration/drug-adverse-reports/lookup-drugadversereports)

1356328868

1356328868 NPI Number Info

Status: Active (Since 12/27/2005)

DR. RENI SOON

API PNG TXT PDF XML JSON
(https://www.hipaaspace.com/medical_web_services/medical_billing/coding/billing_code_lookup_services.aspx)

NPI Number	1356328868
Entity Type	Individual
Provider Name	DR. RENI SOON
Provider Mailing Address	Copy Mailing Address
First Line	1319 PUNAHON ST
Second Line	SUITE 824
City	HONOLULU
State	HI
Postal Code	96826
Country	US
Phone	(tel:)
Fax	
Provider Practice Location	Copy Practice Location
First Line	1319 PUNAHON ST
Second Line	SUITE 801
City	HONOLULU
State	HI
Postal Code	96826
Country	US
Phone	808-203-6588 (tel:808-203-6588)
Fax	
Authorized Official	
Title or Position	
Name	
Credential	
Telephone Number	
Provider Enumeration Date	12/27/2005
Last Updated	07/08/2007

Similar Providers (https://www.hipaaspace

Is it your NPI number ?

Edit (http://www.npivalidator.com/UpdateProfile.aspx?NPI=1356328868&Action=Edit)

Delete (http://www.npivalidator.com/UpdateProfile.aspx?NPI=1356328868&Action=Delete)

Synchronize (http://www.npivalidator.com/UpdateProfile.aspx?NPI=1356328868&Action=Sy

Detailed Information

NPI Number **1356328868** 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) — **DR. RENI SOON**. Records indicate that the provider gender is **"Female"**. The enumeration date of this NPI Number is **12/27/2005**. NPI Number information was last updated on **07/08/2007**.

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

1319 PUNAHON ST SUITE 801
HONOLULU, HI
96826, US

DR. RENI SOON can be reached at his practice location using the following numbers:

Phone: **808-203-6588 (tel:808-203-6588)**
Fax:

The provider's official mailing address is:

1319 PUNAHON ST SUITE 824
HONOLULU, HI
96826, US

The contact numbers associated with the mailing address are:

Phone: **(tel:)**
Fax:

Scope of Practice

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

#	Taxonomy Code	Taxonomy Specialty
1	207V00000X (https://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/207V00000X)	Obstetrics & Gynecology (https://www.hipaaspace.com/medical_billing/coding/healthcare.p

Legacy (Non-NPI) Identifiers

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

#	Provider Identifier	Identifier Type	Identifier State	Issuer

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

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

Field Name	Value
NPI	**1356328868**
	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: • 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. • 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)	**SOON**
	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	**RENI**
	The first name of the provider, if the provider is an individual.
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.

Field Name	Value
Provider First Line Business Mailing Address	**1319 PUNAHON 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 Second Line Business Mailing Address	**SUITE 824** The second line mailing address of the provider being identified. This data element may contain the same information as ''Provider second line location address''.
Provider Business Mailing Address City Name	**HONOLULU** 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	**HI** 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	**96826** 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 First Line Business Practice Location Address	**1319 PUNAHON ST** 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	**SUITE 801** 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	**HONOLULU** The city name in the location address of the provider being identified.
Provider Business Practice Location Address State Name	**HI** The State or Province name in the location address of the provider being identified.
Provider Business Practice Location Address Postal Code	**96826** 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	**808-203-6588**

Field Name	Value
Address Telephone Number	The telephone number associated with the location address of the provider being identified.
Provider Enumeration Date	**12/27/2005** The date the provider was assigned a unique identifier (assigned an NPI).
Last Update Date	**07/08/2007** 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	**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.
Healthcare Provider Taxonomy 1	**Obstetrics & Gynecology** Healthcare Provider Taxonomy #1
Provider License Number 1	**MD 12882** 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	**HI** Provider License Number State Code #1
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.

Directions to "DR. RENI SOON" Practice Location

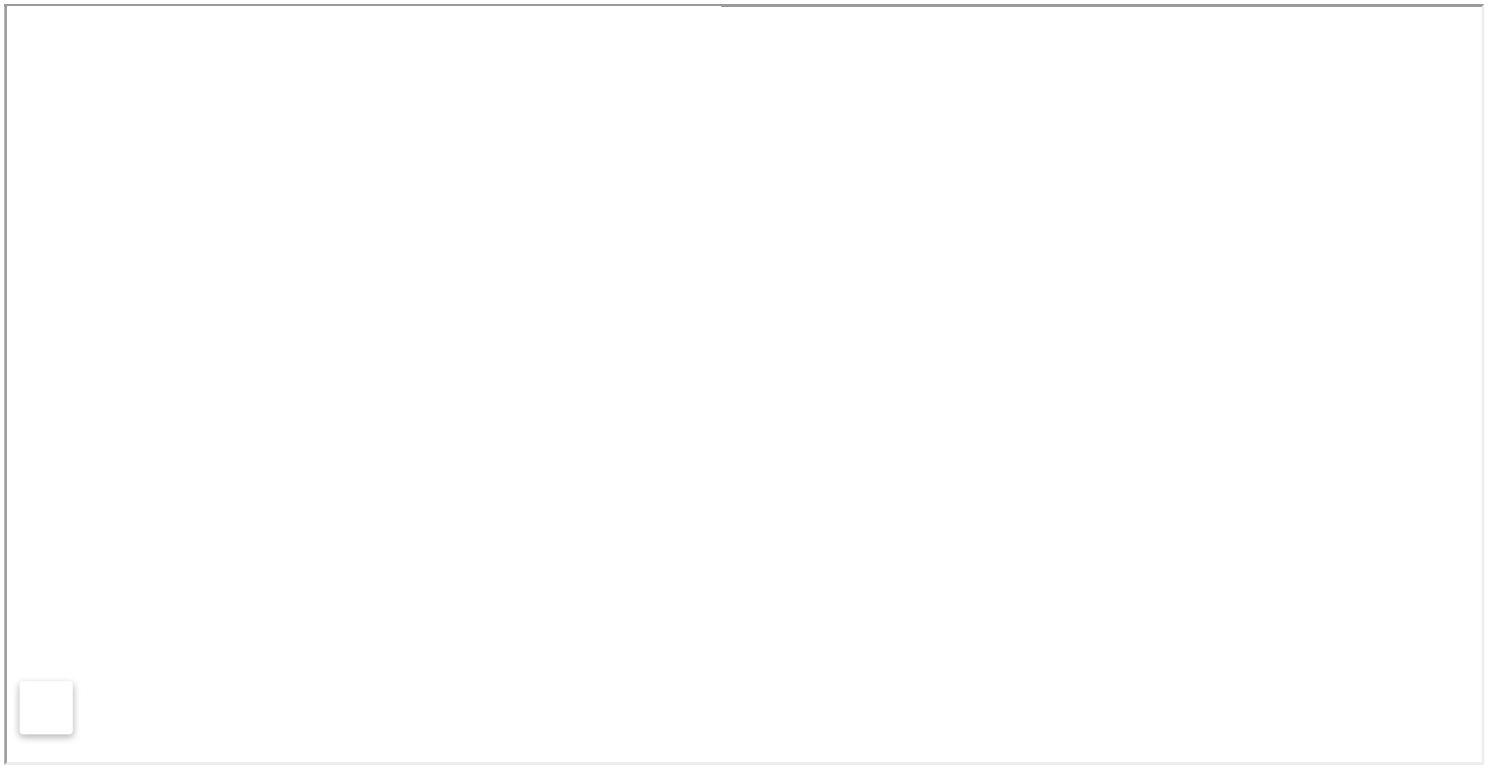
Yours Location (Starting point)

My Location

Practice Location (Destination)

1319 PUNAHON ST SUITE 801 HONOLULU, HI, 96826

Get Direction



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