

[Lookup \(http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx\)](http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx)

[HS API \(http://www.hipaaspace.com/medical_web_services/medical_coding_web_services.aspx\)](http://www.hipaaspace.com/medical_web_services/medical_coding_web_services.aspx)

[Service Map \(http://www.hipaaspace.com/service-map\)](http://www.hipaaspace.com/service-map)

[Advertise \(http://www.hipaaspace.com/knowledge.base/advertisement.aspx\)](http://www.hipaaspace.com/knowledge.base/advertisement.aspx)

[Businesses \(http://www.hipaaspace.com/enterprises\)](http://www.hipaaspace.com/enterprises)

[Crosswalks \(http://www.hipaaspace.com/medical_billing/crosswalk.services\)](http://www.hipaaspace.com/medical_billing/crosswalk.services)

[Library \(http://www.hipaaspace.com/medical.coding.library/\)](http://www.hipaaspace.com/medical.coding.library/)

[Validation \(http://www.hipaaspace.com/medical_data_validation/medical_data_validation_services.aspx\)](http://www.hipaaspace.com/medical_data_validation/medical_data_validation_services.aspx)

[Drug Reports \(http://www.hipaaspace.com/medical-statistics/food-and-drug-administration/drug-adverse-reports/lookup-drugadversereports\)](http://www.hipaaspace.com/medical-statistics/food-and-drug-administration/drug-adverse-reports/lookup-drugadversereports)

1437104197



1437104197 NPI Number Info

Status: Active (Since 05/23/2006)

MICHAEL SCOTT POLICAR MD MPH



API



PNG



TXT



PDF



XML



JSON

(http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx) (http://www.hipaaspace.com/medical_web_services/medical_coding_web_services.aspx) (http://www.hipaaspace.com/service-map) (http://www.hipaaspace.com/enterprises) (http://www.hipaaspace.com/knowledge.base/advertisement.aspx) (http://www.hipaaspace.com/medical_billing/crosswalk.services) (http://www.hipaaspace.com/medical.coding.library/) (http://www.hipaaspace.com/medical_data_validation/medical_data_validation_services.aspx) (http://www.hipaaspace.com/medical-statistics/food-and-drug-administration/drug-adverse-reports/lookup-drugadversereports)

NPI Number	1437104197	Similar Providers (http://www.hipaaspace.com/medical_billing/coding/billing_code_lookup_services.aspx)
Entity Type	Individual	
Provider Name	MICHAEL SCOTT POLICAR MD MPH	
Provider Mailing Address	<div>Copy Mailing Address</div> PO BOX 7464	
First Line	SAN FRANCISCO	
Second Line	CA	
City	94120-7464	
State	US	
Postal Code	415-206-3103 (tel:415-206-3103)	
Country	415-206-3872	
Phone	<div>Copy Practice Location</div> 1001 POTRERO AVE	
Fax	RM 6D14	
Provider Practice Location	SAN FRANCISCO	
First Line	CA	
Second Line	94110-3518	
City	US	
State	415-206-5679 (tel:415-206-5679)	
Postal Code	415-206-3112	
Country		
Phone		
Fax		
Authorized Official		
Title or Position		
Name		
Credential		
Telephone Number		
Provider Enumeration Date	05/23/2006	
Last Updated	07/08/2007	

Is it your NPI number ?

[Edit \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1437104197&Action=Edit\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1437104197&Action=Edit)

[Delete \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1437104197&Action=Delete\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1437104197&Action=Delete)

Detailed Information

NPI Number **1437104197** 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) — **MICHAEL SCOTT POLICAR MD MPH**. Records indicate that the provider gender is **"Male"**. The enumeration date of this NPI Number is **05/23/2006**. NPI Number information was last updated on **07/08/2007**.

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

**1001 POTRERO AVE RM 6D14
SAN FRANCISCO, CA
94110-3518, US**

MICHAEL SCOTT POLICAR MD MPH can be reached at his practice location using the following numbers:

Phone: ☎ **415-206-5679 (tel:415-206-5679)**
Fax: 📠 **415-206-3112**

The provider's official mailing address is:

**PO BOX 7464
SAN FRANCISCO, CA
94120-7464, US**

The contact numbers associated with the mailing address are:

Phone: ☎ **415-206-3103 (tel:415-206-3103)**
Fax: 📠 **415-206-3872**

Scope of Practice

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

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

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	00G347110	MEDICAID	CA	

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	00G347110	MEDICAID	CA	

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

Field Name	Value
NPI	1437104197 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	X 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)	POLICAR 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	MICHAEL The first name of the provider, if the provider is an individual.
Provider Middle Name	SCOTT The middle name of the provider, if the provider is an individual.

Field Name	Value
Provider Credential Text	MD MPH 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 First Line Business Mailing Address	PO BOX 7464 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	SAN FRANCISCO 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	94120-7464 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	415-206-3103 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	415-206-3872 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	1001 POTRERO 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.
Provider Second Line Business Practice Location Address	RM 6D14 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	SAN FRANCISCO 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	94110-3518

Field Name	Value
	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	415-206-5679
	The telephone number associated with the location address of the provider being identified.
Provider Business Practice Location Address Fax Number	415-206-3112
	The fax number associated with the location address of the provider being identified.
Provider Enumeration Date	05/23/2006
	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	M
	The code designating the provider's gender if the provider is a person.
Provider Gender	Male
	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	G34711
	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.
Other Provider Identifier 1	00G347110
	Other Provider Identifier #1
Other Provider Identifier Type 1	MEDICAID
	Other Provider Identifier Type #1
Other Provider Identifier State 1	CA
	Other Provider Identifier State #1

Directions to "MICHAEL SCOTT POLICAR MD MPH" Practice Location

Yours Location (Starting point)

Practice Location (Destination)

My Location

1001 POTRERO AVE RM 6D14 SAN FRANCISCO, CA, 94110-3518

Get Direction



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