

**1467415778**



## 1467415778 NPI Number Info

**Status: Active (Since 04/08/2006)**

JEFFREY D GLAZER MD



API



PNG



TXT



PDF

XML

## JSON

(<http://www.hipaaspace.com/medicalspace/certificates/medicalabhishekforwiproeducationinstituteofhealthcareandpharmacy/14674015758>)

<b>NPI Number</b>	1467415778	Similar Providers ( <a href="http://www.hipaaspace.com">http://www.hipaaspace.com</a> )
<b>Entity Type</b>	Individual	
<b>Provider Name</b>	JEFFREY D GLAZER MD	
<b>Provider Mailing Address</b>	<div>✉ Copy Mailing Address</div> 2215 PORTLAND AVE	
<b>First Line</b>		
<b>Second Line</b>		
<b>City</b>	LOUISVILLE	
<b>State</b>	KY	
<b>Postal Code</b>	40212-1033	
<b>Country</b>	US	
<b>Phone</b>	<u>812-218-8926 (tel:812-218-8926)</u>	
<b>Fax</b>	812-218-8930	
<b>Provider Practice Location</b>	<div>✉ Copy Practice Location</div> 2215 PORTLAND AVE	
<b>First Line</b>		
<b>Second Line</b>		
<b>City</b>	LOUISVILLE	
<b>State</b>	KY	
<b>Postal Code</b>	40212-1033	
<b>Country</b>	US	
<b>Phone</b>	<u>812-218-8926 (tel:812-218-8926)</u>	
<b>Fax</b>	812-218-8930	
<b>Authorized Official</b>		
<b>Title or Position</b>		
<b>Name</b>		
<b>Credential</b>		
<b>Telephone Number</b>		
<b>Provider Enumeration Date</b>	04/08/2006	
<b>Last Updated</b>	11/01/2016	

Is it your NPI number ?

- Edit ([http://www.npiv  
alidator.com/UpdateProfile.aspx?NPI=1467415778&Action=Edit](http://www.npiv validator.com/UpdateProfile.aspx?NPI=1467415778&Action=Edit))
- Delete ([http://www.npiv  
alidator.com/UpdateProfile.aspx?NPI=1467415778&Action=Delete](http://www.npiv validator.com/UpdateProfile.aspx?NPI=1467415778&Action=Delete))
- Synchronize ([http://www.npiv  
alidator.com/UpdateProfile.aspx?NPI=1467415778&Action=Sy](http://www.npiv validator.com/UpdateProfile.aspx?NPI=1467415778&Action=Sy))

## Detailed Information

NPI Number **1467415778** 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) — **JEFFREY D GLAZER MD**. Records indicate that the provider gender is **"Male"**. The enumeration date of this NPI Number is **04/08/2006**. NPI Number information was last updated on **11/01/2016**.

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

2215 PORTLAND AVE  
LOUISVILLE, KY  
40212-1033, US

**JEFFREY D GLAZER MD** can be reached at his practice location using the following numbers:

Phone: ☎ **812-218-8926 (tel:812-218-8926)**  
Fax: 📠 **812-218-8930**

The provider's official mailing address is:

2215 PORTLAND AVE  
LOUISVILLE, KY  
40212-1033, US

The contact numbers associated with the mailing address are:

Phone: ☎ **812-218-8926 (tel:812-218-8926)**  
Fax: 📠 **812-218-8930**

## 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/207VG0400X">207VG0400X</a> ( <a href="http://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/207VG0400X">http://www.hipaaspace.com/medical_billing/coding/healthcare.provider.taxonomy.code.set/207VG0400X</a> )	<a href="http://www.hipaaspace.com/medical_billing/coding/healthcare.pro">Gynecology</a> ( <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	K205685	OTHER	KY	MEDICARE PTAN - SOUTHWEST
2	K205684	OTHER	KY	MEDICARE PTAN - PHOENIX
3	K205681	OTHER	KY	MEDICARE PTAN - PORTLAND
4	K205683	OTHER	KY	MEDICARE PTAN - IROQUOIS
5	K205680	OTHER	KY	MEDICARE PTAN-AMERICANA
6	64251119	MEDICAID	KY	
7	K205682	OTHER	KY	MEDICARE PTAN- EAST BROADWAY
8	K205686	OTHER	KY	MEDICARE PTAN- FAIRDALE

## 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	64251119	MEDICAID	KY	
2	K205680	OTHER	KY	MEDICARE PTAN-AMERICANA
3	K205681	OTHER	KY	MEDICARE PTAN - PORTLAND
4	K205682	OTHER	KY	MEDICARE PTAN- EAST BROADWAY
5	K205683	OTHER	KY	MEDICARE PTAN - IROQUOIS
6	K205684	OTHER	KY	MEDICARE PTAN - PHOENIX
7	K205685	OTHER	KY	MEDICARE PTAN - SOUTHWEST
8	K205686	OTHER	KY	MEDICARE PTAN- FAIRDALE

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

Field Name	Value
<b>NPI</b>	<b>1467415778</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>
	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>GLAZER</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>JEFFREY</b>
	The first name of the provider, if the provider is an individual.
<b>Provider Middle Name</b>	<b>D</b>
	The middle name of the provider, if the provider is an individual.
<b>Provider Name Prefix Text</b>	<b>DR.</b>
	The name prefix or salutation of the provider if the provider is an individual; for example, Mr., Mrs., or Corporal.
<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>2215 PORTLAND AVE</b>

Field Name	Value
	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>LOUISVILLE</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>KY</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>40212-1033</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>812-218-8926</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>812-218-8930</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>2215 PORTLAND AVE</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 Business Practice Location Address City Name</b>	<b>LOUISVILLE</b>
	The city name in the location address of the provider being identified.
<b>Provider Business Practice Location Address State Name</b>	<b>KY</b>
	The State or Province name in the location address of the provider being identified.
<b>Provider Business Practice Location Address Postal Code</b>	<b>40212-1033</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</b>	<b>812-218-8926</b>

Field Name	Value
<b>Telephone Number</b>	The telephone number associated with the location address of the provider being identified.
<b>Provider Business Practice Location Address Fax Number</b>	<b>812-218-8930</b>  The fax number associated with the location address of the provider being identified.
<b>Provider Enumeration Date</b>	<b>04/08/2006</b>  The date the provider was assigned a unique identifier (assigned an NPI).
<b>Last Update Date</b>	<b>11/01/2016</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>207VG0400X</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>Gynecology</b>  Healthcare Provider Taxonomy #1
<b>Provider License Number 1</b>	<b>25111</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>KY</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>K205685</b>  Other Provider Identifier #1
<b>Other Provider Identifier Type 1</b>	<b>OTHER</b>  Other Provider Identifier Type #1
<b>Other Provider Identifier State 1</b>	<b>KY</b>  Other Provider Identifier State #1
<b>Other Provider Identifier Issuer 1</b>	<b>MEDICARE PTAN - SOUTHWEST</b>  Other Provider Identifier Issuer #1
<b>Other Provider Identifier 2</b>	<b>K205684</b>  Other Provider Identifier #2
<b>Other Provider Identifier Type 2</b>	<b>OTHER</b>  Other Provider Identifier Type #2
<b>Other Provider Identifier State 2</b>	<b>KY</b>  Other Provider Identifier State #2

Field Name	Value
<b>Other Provider Identifier Issuer 2</b>	<b>MEDICARE PTAN - PHOENIX</b> Other Provider Identifier Issuer #2
<b>Other Provider Identifier 3</b>	<b>K205681</b> Other Provider Identifier #3
<b>Other Provider Identifier Type 3</b>	<b>OTHER</b> Other Provider Identifier Type #3
<b>Other Provider Identifier State 3</b>	<b>KY</b> Other Provider Identifier State #3
<b>Other Provider Identifier Issuer 3</b>	<b>MEDICARE PTAN - PORTLAND</b> Other Provider Identifier Issuer #3
<b>Other Provider Identifier 4</b>	<b>K205683</b> Other Provider Identifier #4
<b>Other Provider Identifier Type 4</b>	<b>OTHER</b> Other Provider Identifier Type #4
<b>Other Provider Identifier State 4</b>	<b>KY</b> Other Provider Identifier State #4
<b>Other Provider Identifier Issuer 4</b>	<b>MEDICARE PTAN - IROQUOIS</b> Other Provider Identifier Issuer #4
<b>Other Provider Identifier 5</b>	<b>K205680</b> Other Provider Identifier #5
<b>Other Provider Identifier Type 5</b>	<b>OTHER</b> Other Provider Identifier Type #5
<b>Other Provider Identifier State 5</b>	<b>KY</b> Other Provider Identifier State #5
<b>Other Provider Identifier Issuer 5</b>	<b>MEDICARE PTAN-AMERICANA</b> Other Provider Identifier Issuer #5
<b>Other Provider Identifier 6</b>	<b>64251119</b> Other Provider Identifier #6
<b>Other Provider Identifier Type 6</b>	<b>MEDICAID</b> Other Provider Identifier Type #6
<b>Other Provider Identifier State 6</b>	<b>KY</b> Other Provider Identifier State #6
<b>Other Provider Identifier 7</b>	<b>K205682</b> Other Provider Identifier #7
<b>Other Provider Identifier Type 7</b>	<b>OTHER</b> Other Provider Identifier Type #7
<b>Other Provider Identifier State 7</b>	<b>KY</b> Other Provider Identifier State #7
<b>Other Provider Identifier Issuer 7</b>	<b>MEDICARE PTAN- EAST BROADWAY</b> Other Provider Identifier Issuer #7
<b>Other Provider</b>	<b>K205686</b>

Identifier 8 Field Name	Value
	Other Provider Identifier #8
Other Provider Identifier Type 8	OTHER Other Provider Identifier Type #8
Other Provider Identifier State 8	KY Other Provider Identifier State #8
Other Provider Identifier Issuer 8	MEDICARE PTAN- FAIRDALE Other Provider Identifier Issuer #8

Directions to "JEFFREY D GLAZER MD" Practice Location

Yours Location (Starting point)

My Location

Practice Location (Destination)

2215 PORTLAND AVE LOUISVILLE, KY, 40212-1033

Get Direction

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