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1992979397



1992979397 NPI Number Info

Status: Active (Since 04/16/2008)

JENNIFER SALCEDO MD



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

1992979397

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

Entity Type

Individual

Provider Name

JENNIFER SALCEDO MD

Provider Mailing Address

First Line

1319 PUNAHOU ST.

Second Line

SUITE 824

City

HONOLULU

State

HI

Postal Code

96826

Country

US

Phone

808-203-6508 (tel:808-203-6508)

Fax

808-955-2174

Provider Practice Location

First Line

1319 PUNAHOU ST.

Second Line

SUITE 824

City

HONOLULU

State

HI

Postal Code

96826

Country

US

Phone

808-203-6508 (tel:808-203-6508)

Fax

808-955-2174

Authorized Official

Title or Position

Name

Credential

Telephone Number

Provider Enumeration Date

04/16/2008

Last Updated

09/11/2012

Is it your NPI number ?[Edit \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1992979397&Action=Edit\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1992979397&Action=Edit)[Delete \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1992979397&Action=Delete\)](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1992979397&Action=Delete)[Synchronize \(http://www.npivalidator.com/UpdateProfile.aspx?NPI=1992979397&Action=Sy](http://www.npivalidator.com/UpdateProfile.aspx?NPI=1992979397&Action=Sy)

Detailed Information

NPI Number **1992979397** 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) — **JENNIFER SALCEDO MD**. Records indicate that the provider gender is "**Female**". The enumeration date of this NPI Number is **04/16/2008**. NPI Number information was last updated on **09/11/2012**.

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

**1319 PUNAHOU ST. SUITE 824
HONOLULU, HI
96826, US**

JENNIFER SALCEDO MD can be reached at his practice location using the following numbers:

Phone: ☎ **808-203-6508 (tel:808-203-6508)**
Fax: 📠 **808-955-2174**

The provider's official mailing address is:

**1319 PUNAHOU ST. SUITE 824
HONOLULU, HI
96826, US**

The contact numbers associated with the mailing address are:

Phone: ☎ **808-203-6508 (tel:808-203-6508)**
Fax: 📠 **808-955-2174**

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)
2	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	0A1028290	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	0A1028290	MEDICAID	CA	

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

Field Name	Value
NPI	1992979397 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)	SALCEDO 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	JENNIFER 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.
Provider Credential Text	MD 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	1319 PUNAHOU 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	US

Field Name	Value
Mailing Address 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	808-203-6508 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	808-955-2174 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	1319 PUNAHOU 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 824 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 Address Telephone Number	808-203-6508 The telephone number associated with the location address of the provider being identified.
Provider Business Practice Location Address Fax Number	808-955-2174 The fax number associated with the location address of the provider being identified.
Provider Enumeration Date	04/16/2008 The date the provider was assigned a unique identifier (assigned an NPI).
Last Update Date	09/11/2012 The date that a record was last updated or changed.

Field Name	Value
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	MD16726 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: <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	207V00000X Healthcare Provider Taxonomy Code #2
Healthcare Provider Taxonomy 2	Obstetrics & Gynecology Healthcare Provider Taxonomy #2
Provider License Number 2	A102829 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	0A1028290 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 "JENNIFER SALCEDO MD" Practice Location

Yours Location (Starting point)

Practice Location (Destination)

My Location

1319 PUNAHOU ST. SUITE 824 HONOLULU, HI, 96826

Get Direction



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We provide information to help copyright holders manage their intellectual property online. If you think somebody is violating your copyrights and want to notify us, you can find information about submitting notices and www.HIPAAspace.com policy about responding to notices in our Help Center.