Details

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Alison Anne Case

ADDRESS INFORMATION

City/State/Zip: Indianapolis IN 46203 County: Marion

LICENSE INFORMATION

Lic #: 01079227A Status: Active Method: Application Profession: Medical Licensing Board Issued: 9/18/2017

ing Board Type: Expiratio

Type: Physician Expiration: 10/31/2025 Secondary:

DISCIPLINE INFORMATION

RELATED LICENSES

Lic #: License Type:	01079227B CSR-Physician	Name: License Status	Case, Alison . Expired		ationship: Same Licensee
Lic #: License Type:	01079227C CSR-Physician	Name: License Status	Case, Alison . Active		ationship: Same Licensee
Lic #: License Type:	71009301A APRN Prescriptive		Name: License Status:	Chin, Mai Sung Active	Relationship: Collaborator
Lic #: License Type:	71002626A APRN Prescriptive Authority		Name: License Status:	Lowe, Paula Je Active	an Relationship: Collaborator
Lic #: License Type:	71013627A APRN Prescriptive		Name: License Status:	Seda, Rebekah Active	Relationship: Collaborator

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