



## 1396186862 NPI Number Info

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**Court Record: 4 S**

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**HEALTHCARE PROVIDER NPI STATUS: ACTIVE SINCE 07/12/2013**

**GARRY E. SIEGEL, M.D., P.C.**

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## Most Relevant Information

### Provider Data

**NPI Number** 1396186862  
**Organization Name** GARRY E. SIEGEL, M.D., P.C.  
**Entity Type** Organization

### Most Important Dates

**Provider Enumeration Date** 07/12/2013  
**Last Updated** 09/02/2022

### Provider Practice Location

1874 PIEDMONT  
AVE NE STE 500E  
ATLANTA  
GA  
[30324-4878](tel:303244878)  
US

Copy Practice  
Location

### Practice Location Phone/Fax

**Phone** [404-607-0042](tel:4046070042)  
**Fax**

### Provider Mailing Address

PO BOX 1221  
ROSWELL  
GA  
[30077-1221](tel:300771221)  
US

Copy Mailing  
Address

### Mailing Location Phone/Fax

**Phone** [404-281-9013](tel:4042819013)  
**Fax**

### Authorized Official

**Title or Position** PRESIDENT  
**Authorized Official Name** GARRY EARL SIEGEL  
**Credentials** MD  
**Telephone Number** 404-281-9013

Is it your NPI number ?

Edit Delete  
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## Detailed Information

NPI Number **1396186862** has the "Organization" type of ownership and has been registered to the following primary business legal name (which is a provider name or healthcare organization name) — **GARRY E. SIEGEL, M.D., P.C.**

The enumeration date of this NPI Number is **07/12/2013**.  
NPI Number information was last time updated on **09/02/2022**.

The provider is physically located at:

**1874 PIEDMONT AVE NE STE 500E  
ATLANTA, GA  
30324-4878, US**

**GARRY E. SIEGEL, M.D., P.C.** can be reached at the following phone number(s):

**Phone:**  **404-607-0042**  
**Fax:**

The provider's official mailing address is:

**PO BOX 1221  
ROSWELL, GA  
30077-1221, US**

The contact numbers associated with the mailing address are:

## Court Record: 4 Sources Found

Updated: 2023.

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Review

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Phone: ☎ 404-281-9013

Fax: 📠

The authorized official registered with the **1396186862** NPI Number is **GARRY SIEGEL**.

The authorized official title (position) is **PRESIDENT**.

You can reach the authorized official at the following phone number **404-281-9013**.

### Scope of Practice (Taxonomy)

#	Primary	Taxonomy Code	Taxonomy Specialty	License Number	License State
1	Y	<a href="#">207V00000X</a>	<a href="#">Obstetrics &amp; Gynecology Physician</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	000448383M	MEDICAID	GA	

### 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	000448383M	MEDICAID	GA	

### Reference NPI Information. Full Replica of the CMS (NPPES) NPI Record

Field Name	Field Value
<b>NPI</b>	<b>1396186862</b>
	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<b>Entity Type</b>	<b>Organization</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>

Field Name	Field Value
<b>Is Organization Subpart</b>	<p><b>N</b></p> <p>The "Is the organization a subpart?" question must be answered. If the organization is a subpart = , the Parent Organization Legal Business Name (LBN) and Parent Organization Taxpayer Identification Number (TIN) fields must be completed. The Parent Organization LBN and TIN fields can only be completed if the answer to the subpart question is Yes. Many organization health care providers who apply for NPIs are not legal entities themselves but are parts of other organization health care providers that are legal entities (the "parents"). Here are three examples of organization health care providers that may be considered subparts and may apply for NPIs if so directed by their "parents": (1) The psychiatric unit in a hospital is not a legal entity but is part of the hospital (the "parent"), which is a legal entity. The legal entity must obtain an NPI. The psychiatric unit is an example of a subpart that could have its own NPI if the hospital determines that it should. (2) A group practice that is not a sole proprietorship has a main location and could have other offices in different locations, but each office is not a separate legal entity; instead, each office is part of the corporation (the "parent") which is a legal entity. The offices are examples of subparts that could have their own NPIs if the main location determines that they should. (3) A pharmacy fills prescriptions for patients whose physicians have prescribed medications for them and may also rent or sell durable medical equipment to patients whose physicians have ordered such equipment for them. Neither the pharmacy line of business nor the DME line of business represent legal entities; instead, both lines of business are part of an organization (the "parent") that is a legal entity. Each line of business represents a different Healthcare Provider Taxonomy or area of specialization that often submits its own electronic claims to health plans. The "parent"-we don't know who the parent is in this example-must ensure that each subpart that submits its own claims to health plans has its own NPI.</p>
<b>Provider Organization Name (Legal Business Name)</b>	<p><b>GARRY E. SIEGEL, M.D., P.C.</b></p> <p>Provide organization name (legal business name used to file tax returns with the IRS). The Organization Name field allows the following special characters: ampersand, apostrophe, "at" sign, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters.</p>
<b>Provider First Line Business Mailing Address</b>	<p><b>PO BOX 1221</b></p> <p>The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".</p>
<b>Provider Business Mailing Address City Name</b>	<p><b>ROSWELL</b></p> <p>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".</p>
<b>Provider Business Mailing Address State Name</b>	<p><b>GA</b></p> <p>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".</p>
<b>Provider Business Mailing Address Postal Code</b>	<p><b>30077-1221</b></p> <p>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".</p>
<b>Provider Business Mailing Address Country Code</b>	<p><b>US</b></p> <p>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".</p>
<b>Provider Business Mailing Address Telephone Number</b>	<p><b>404-281-9013</b></p> <p>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".</p>

Field Name	Field Value
<b>Provider First Line Business Practice Location Address</b>	<b>1874 PIEDMONT AVE NE STE 500E</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>ATLANTA</b> The city name in the location address of the provider being identified.
<b>Provider Business Practice Location Address State Name</b>	<b>GA</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>30324-4878</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 Telephone Number</b>	<b>404-607-0042</b> The telephone number associated with the location address of the provider being identified.
<b>Provider Enumeration Date</b>	<b>07/12/2013</b> The date the provider was assigned a unique identifier (assigned an NPI).
<b>Last Update Date</b>	<b>09/02/2022</b> The date that a record was last updated or changed.
<b>Authorized Official Last Name</b>	<b>SIEGEL</b> The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.
<b>Authorized Official First Name</b>	<b>GARRY</b> The first name of the authorized official
<b>Authorized Official Middle Name</b>	<b>EARL</b> The middle name of the authorized official
<b>Authorized Official Title or Position</b>	<b>PRESIDENT</b> The title or position of the authorized official
<b>Authorized Official Name Prefix Text</b>	<b>DR.</b> Authorized Official Name Prefix Text
<b>Authorized Official Credential Text</b>	<b>MD</b> Authorized Official Credential Text
<b>Authorized Official Telephone Number</b>	<b>404-281-9013</b> The 10-position telephone number of the authorized official.
<b>Healthcare Provider Taxonomy Code #1</b>	<b>207V00000X</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>Obstetrics &amp; Gynecology Physician</b> Healthcare Provider Taxonomy #1

Field Name	Field Value
<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>000448383M</b>
	Other Provider Identifier # 1
<b>Other Provider Identifier Type 1</b>	<b>MEDICAID</b>
	Other Provider Identifier Type #1
<b>Other Provider Identifier State 1</b>	<b>GA</b>
	Other Provider Identifier State #1
<b>Healthcare Provider Taxonomy Group 1</b>	<b>193400000X SINGLE SPECIALTY GROUP</b>
	Healthcare Provider Taxonomy Group 1
<b>Healthcare Provider Taxonomy Group Description 1</b>	<b>Single Specialty Group - A business group of one or more individual practitioners, all of who practice with the same area of specialization.</b>
	Healthcare Provider Taxonomy Group Description 1
<b>Certification Date</b>	<b>09/02/2022</b>
	Certification Date