



Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...


Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
						Active	 

The above fields will be populated with the data you entered at the time of registration. In addition to correcting your contact phone number, you may update other fields as needed.

Click the pencil to initiate changes.

Clicking the Pencil (above) will open your profile allowing you to review all data fields for accuracy.

Provider Profile

* Indicates Required fields.
Note: Fields with  will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.)


Other Name:(if applicable)

Prefix: First: Middle: Last: Suffix:

Type of Other Name: Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: * TIN Type: * Tax Identification Number(TIN):

Fields displaying  are locked and cannot be changed electronically. Go to the [NPPES](#) website instructions to make

* State of Birth:(If U.S.) Country of Birth:

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

Demographic Information(optional)

Ethnicity: No, not of Hispanic, Latino/a or Spanish Origin Yes, Hispanic, Latino/a or Spanish Origin


Race: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander

Primary Language Spoken:

Secondary Language(s) Spoken: (Multiple languages can be selected)



Follow the prompts to advance to the next data field.

Shown are the Address & Contact Information screens. To make edits to the respective screens, click on the  icon to open the editing window.

Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.
736 Cambridge St
Brighton, MA 02135 - 2907
United States

[EDIT BUSINESS MAILING ADDRESS](#)

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Primary Location	Address	City	State/Province/Region	Country	Office Hours	Languages Spoken	Actions
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Contact Information

All NPI notifications will be sent to the primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email	Actions
<input checked="" type="checkbox"/>	Luvial Barzey			6177893000	luvial.barzey@steward.org	

Fields display information entered at the time of registration.

CLICK  THE IN THIS FIELD TO REPLACE

(619) 543-7242

WITH THE CORRECT CONTACT NUMBER.

1 / 1 5 items per page

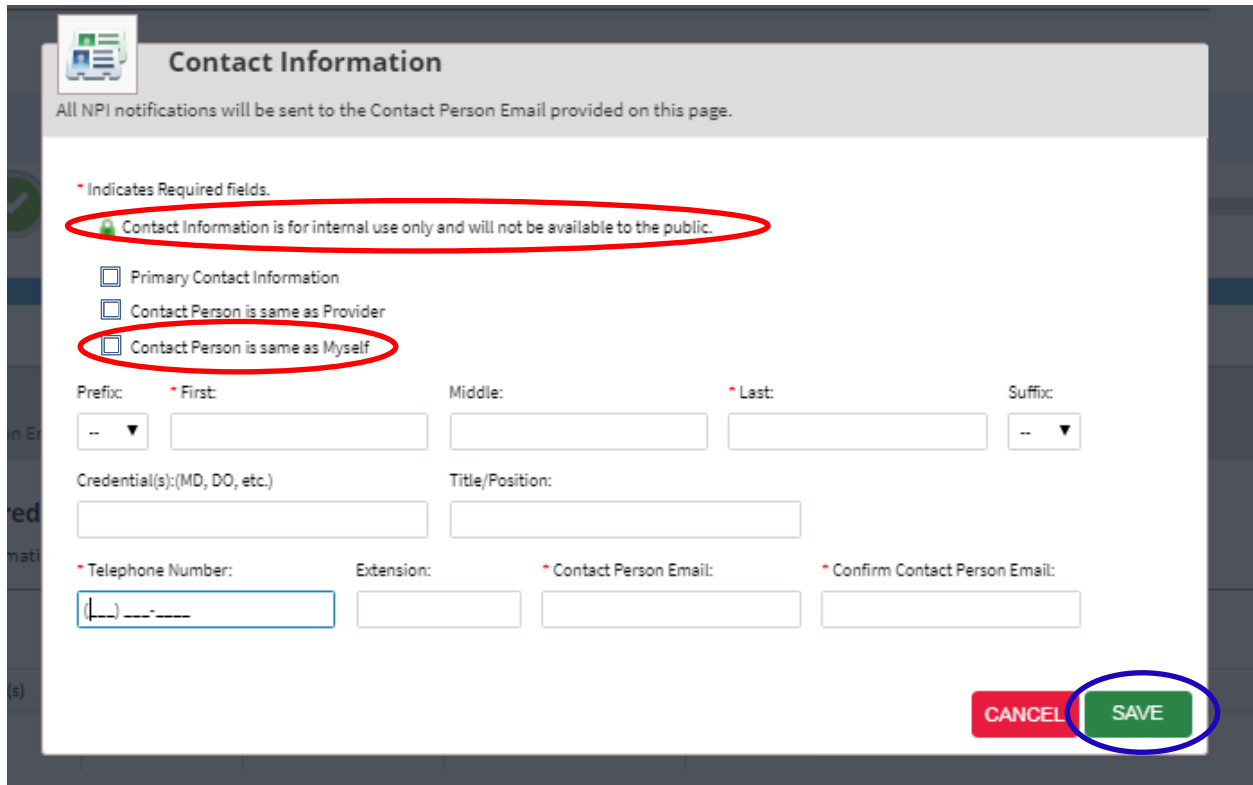
[← PREVIOUS](#)

[NEXT →](#)

Clicking the  opens the Contact Information Edit window (below).

Contact information is **NOT** publicly displayed so you could provide your cell phone without fear of it being accessible to the general public...OR contact Adela to find out what should replace MY phone number. UNDER NO CIRCUMSTANCES, should (619) 543-7242 be the contact of record.

Pharmacies use this information to contact physicians regarding Rx questions, authorizations,



Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

Primary Contact Information

Contact Person is same as Provider

Contact Person is same as Myself

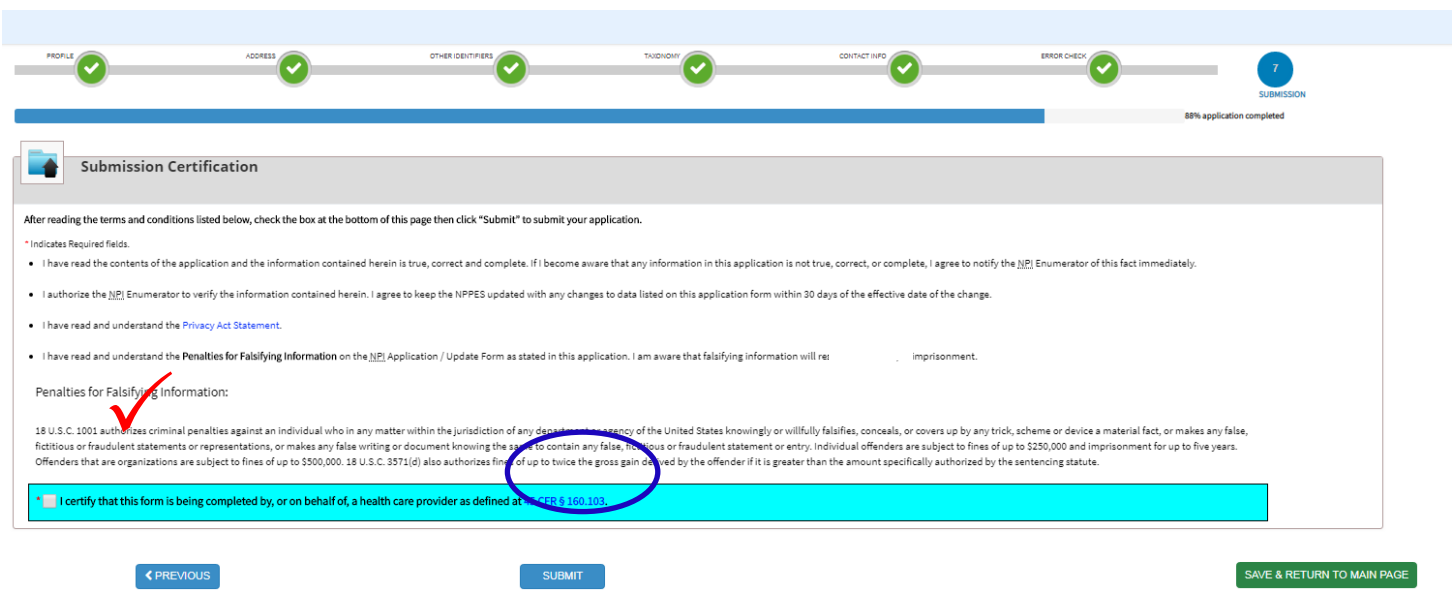
Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.): Title/Position:

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:

CANCEL SAVE

After saving, this screen will display. Simply check the box at the bottom and submit.



PROFILE ADDRESS OTHER IDENTIFIERS TIN/IDN/NI CONTACT INFO ERROR CHECK SUBMISSION

88% application completed

Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the Privacy Act Statement.
- I have read and understand the Penalties for Falsifying Information on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at 42 CFR § 160.103.

PREVIOUS SUBMIT SAVE & RETURN TO MAIN PAGE