

QUERY RESPONSE

This query was processed under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

State Licensure Action(s):	No Reports	Health Plan Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name: PHYSICAL THERAPY ORG
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Other Name(s) Used:
Work Address: 333 ELM STREET
SUITE 3
City, State, ZIP: LAS VEGAS, VA 22033
Social Security Numbers (SSN):
Individual Taxpayer Identification Numbers (ITIN):
State License Number, State of Licensure: NO LICENSE, NV
Drug Enforcement Administration (DEA) Numbers:
Medicare Provider/Supplier Numbers:
Clinical Lab. Improvement Act (CLIA) Numbers:
Food and Drug Administration (FDA) Numbers:
Federal Employer Identification Numbers (FEIN):
National Provider Identifiers (NPI):

C. ENTITY INFORMATION

Entity Name: QUERYING ENTITY (DBID ending in ...89)
Authorized Agent:
Authorized Submitter's Name: SUSAN COOK
Authorized Submitter's Title: SUPERVISOR
Authorized Submitter's Telephone: (703) 111-2222