

Provider Profile

CAQH ProviderID: 12345678

Personal Information

Last Name*:	Smith	SSN*:	123-45-6789
First Name*:	John	Gender*:	Male
Specialty*:	Pediatrician	Date of Birth*:	12/01/1945
Degrees*:	MD, DO		

Professional IDs

Current License Number*:	12345	Expiration Date*:	12/31/2006
State*:	KS	License Type*:	Full

Previous License Number**:

Federal Drug Enforcement Administration (DEA) Certificate Registration Number**:	AD12345679
Expiration Date**:	01/01/2010

MA Controlled Substance Registration Certificate - Registration Number**:	1234578
Issue Date**:	01/01/2000

Education/Professional Training

Institution Name*:	College of America	Education Type*:	General Education
Address 1*:	333 Ector Street	Degree**:	M.D.
Address 2*:	Suite 300	Start Date*:	01/01/1995
City*:	Denton	End Date*:	12/15/2000
State**:	TX		
Zip*:	76201		
Country*:	United States		

Institution Name*:	Aspen Valley Hospital District	Education Type*:	Internship
Address 1*:	401 Castle Creek Road	Department/Specialty*:	Neck Injuries
Address 2*:	Building 4	From*:	01/01/1995
City*:	Aspen	To*:	12/15/2000
State*:	CO		
Zip*:	81611		
Country*:	United States		

Supervisor/Chief/Contact Person*: **Richard Marx MD**

Board Certification

Specialty**:	Allergy & Immunology
Board Name**:	American Board of Allergy & Immunology
Date of Initial Certification**:	11/01/1997

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Practice Locations

Address 1*:	8345 Lenexa Street	Office Type*:	Primary Practice
Address 2:	Suite 300	Phone Number*:	(940) 368-000
City*:	Dallas		
State*:	TX		
Zip*:	75201		

Address 1*:	307A Main Street	Office Type*:	Other Practice
Address 2:		Phone Number*:	(940) 368-5050
City*:	Kansas City		
State*:	MO		
Zip*:	64105		

Credentialing Contact

Last Name*:	Rodgers	Phone Number**:	(940) 368-0500
First Name*:	Sam		
Street Address**:	12345 Main St.		
City**:	Anywhere		
State**:	KS		
Zip**:	66214		

Professional Liability Insurance

Name of Company*:	American Home Assurance Co./American Professional Agency		
Address 1*:	1999 Bryan Street		
Address 2*:	Suite 18		
City*:	Dallas		
State*:	TX		
Zip*:	75201		
Dates of Coverage From*:	01/01/2006		
Policy Number*:	AA79098098-09		
Amount of Coverage per Occurrence*:	\$2,000,000.00	Amount of Coverage Aggregate*:	\$3,500,000.00

Professional Affiliations/Work History

Hospital/Facility*:	Dukes Memorial Hospital	Institution Affiliation*:	General Hospital
Address 1*:	275 West 12th Street		
Address 2*:	Suite B		
City*:	Kansas City		
State*:	MO		
Zip*:	64105		
From*:	01/01/2005	To*:	01/01/2006