

# Updated LEIE Information

*July 2024*

## Update: Last Name

|           |                               |
|-----------|-------------------------------|
| LASTNAME  | ALLDREDGE                     |
| FIRSTNAME | O                             |
| MIDNAME   | LAYTON                        |
| BUSNAME   |                               |
| GENERAL   | PHYSICIAN (MD, DO)            |
| SPECIALTY | SURGERY                       |
| UPIN      |                               |
| NPI       | 1225144264                    |
| DOB       | 19490409                      |
| ADDRESS   | 9720 SOUTH 1300 EAST, STE 110 |
| CITY      | SANDY                         |
| STATE     | UT                            |
| ZIP       | 840943712                     |
| EXCLTYPE  | 1128b4                        |
| EXCLDATE  | 20161220                      |

## Update: Primary NPI #

|           |                      |
|-----------|----------------------|
| LASTNAME  | BOAHENE              |
| FIRSTNAME | RICHARD              |
| MIDNAME   | SARFO                |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | PHARMACIST           |
| UPIN      |                      |
| NPI       | 1457782815           |
| DOB       | 19820328             |
| ADDRESS   | 110 TREETOPS DRIVE   |
| CITY      | LANCASTER            |
| STATE     | PA                   |
| ZIP       | 176010000            |
| EXCLTYPE  | 1128a1               |
| EXCLDATE  | 20240718             |

## Update: Middle Name

|           |                                |
|-----------|--------------------------------|
| LASTNAME  | CAPITAINE                      |
| FIRSTNAME | RAUL                           |
| MIDNAME   | R                              |
| BUSNAME   |                                |
| GENERAL   | PHYSICIAN (MD, DO)             |
| SPECIALTY | PSYCHIATRY                     |
| UPIN      |                                |
| NPI       | 1568457315                     |
| DOB       | 19430131                       |
| ADDRESS   | 6000 S STAPLES STREET, SUITE 4 |
| CITY      | CORPUS CHRISTI                 |
| STATE     | TX                             |
| ZIP       | 784130000                      |
| EXCLTYPE  | 1128b4                         |
| EXCLDATE  | 20240118                       |

## Update: SSN

|           |                          |
|-----------|--------------------------|
| LASTNAME  | DANIEL                   |
| FIRSTNAME | CHRISTINE                |
| MIDNAME   | O                        |
| BUSNAME   |                          |
| GENERAL   | PHYSICIAN (MD, DO)       |
| SPECIALTY | GENERAL PRACTICE         |
| UPIN      | B57051                   |
| NPI       | 1285889782               |
| DOB       | 19540908                 |
| ADDRESS   | P O BOX 1731, #57133-112 |
| CITY      | WASECA                   |
| STATE     | MN                       |
| ZIP       | 560930000                |
| EXCLTYPE  | 1128a3                   |
| EXCLDATE  | 20140120                 |

## Update: Date of Birth

|           |                      |
|-----------|----------------------|
| LASTNAME  | GREENHOUSE           |
| FIRSTNAME | NILES                |
| MIDNAME   | FREDERICK            |
| BUSNAME   |                      |
| GENERAL   | MEDICAL PRACTICE, MD |
| SPECIALTY | GENERAL PRACTICE/FP  |
| UPIN      | D78488               |
| NPI       | 0000000000           |
| DOB       | 19500801             |
| ADDRESS   | P O BOX 692          |
| CITY      | CENTRAL SQUARE       |
| STATE     | NY                   |
| ZIP       | 130360000            |
| EXCLTYPE  | 1128a1               |
| EXCLDATE  | 19940606             |

## Update: Primary NPI #

|           |                       |
|-----------|-----------------------|
| LASTNAME  | HALL                  |
| FIRSTNAME | BECKY                 |
| MIDNAME   | DENISE                |
| BUSNAME   |                       |
| GENERAL   | INDIVIDUAL (UNAFFILI  |
| SPECIALTY | PERSONAL CARE PROVID  |
| UPIN      |                       |
| NPI       | 0000000000            |
| DOB       | 19720106              |
| ADDRESS   | 1152 BEAVER ST, APT 2 |
| CITY      | BRISTOL               |
| STATE     | PA                    |
| ZIP       | 190073241             |
| EXCLTYPE  | 1128a1                |
| EXCLDATE  | 20240718              |

## Update: First Name

|           |                    |
|-----------|--------------------|
| LASTNAME  | HENDERSON          |
| FIRSTNAME | JACQUELINE         |
| MIDNAME   | D                  |
| BUSNAME   |                    |
| GENERAL   | PHYSICIAN (MD, DO) |
| SPECIALTY | EMERGENCY MEDICINE |
| UPIN      | F97067             |
| NPI       | 1366482358         |
| DOB       | 19561212           |
| ADDRESS   | P O BOX 7032       |
| CITY      | GOLDEN             |
| STATE     | CO                 |
| ZIP       | 804030105          |
| EXCLTYPE  | 1128b4             |
| EXCLDATE  | 20160620           |

## Update: Middle Name

|           |                          |
|-----------|--------------------------|
| LASTNAME  | LINARES                  |
| FIRSTNAME | OSCAR                    |
| MIDNAME   | AUGUSTINE                |
| BUSNAME   |                          |
| GENERAL   | PHYSICIAN (MD, DO)       |
| SPECIALTY | PAIN MANAGEMENT          |
| UPIN      | B46054                   |
| NPI       | 1689641458               |
| DOB       | 19570411                 |
| ADDRESS   | P O BOX 14500 #45532-039 |
| CITY      | LEXINGTON                |
| STATE     | KY                       |
| ZIP       | 405120000                |
| EXCLTYPE  | 1128a1                   |
| EXCLDATE  | 20170420                 |

## Update: Middle Name

|           |                          |
|-----------|--------------------------|
| LASTNAME  | MBADUGHA                 |
| FIRSTNAME | LORETTA                  |
| MIDNAME   | N                        |
| BUSNAME   |                          |
| GENERAL   | BUS OWNER/EXEC           |
| SPECIALTY | PHYS THERAPY PROVIDE     |
| UPIN      |                          |
| NPI       | 1518257724               |
| DOB       | 19571210                 |
| ADDRESS   | P O BOX 2149, #64654-379 |
| CITY      | BRYAN                    |
| STATE     | TX                       |
| ZIP       | 778052149                |
| EXCLTYPE  | 1128a1                   |
| EXCLDATE  | 20161020                 |

## Update: Exclusion Date

|           |                          |
|-----------|--------------------------|
| LASTNAME  | MIKHAIL                  |
| FIRSTNAME | AMGAD                    |
| MIDNAME   | SALIB SR                 |
| BUSNAME   |                          |
| GENERAL   | IND- LIC HC SERV PRO     |
| SPECIALTY | PHYSICAL THERAPY         |
| UPIN      |                          |
| NPI       | 1235384363               |
| DOB       | 19780301                 |
| ADDRESS   | 37 CHESTNUT STREET APT 1 |
| CITY      | WESTBURY                 |
| STATE     | NY                       |
| ZIP       | 115900000                |
| EXCLTYPE  | 1128a1                   |
| EXCLDATE  | 20240718                 |

## Update: Middle Name

|           |                                |
|-----------|--------------------------------|
| LASTNAME  | MUI                            |
| FIRSTNAME | HOI                            |
| MIDNAME   | IN                             |
| BUSNAME   |                                |
| GENERAL   | IND- LIC HC SERV PRO           |
| SPECIALTY | PHARMACIST                     |
| UPIN      |                                |
| NPI       | 1932325784                     |
| DOB       | 19770401                       |
| ADDRESS   | 242 BAY 11TH STREET, 2ND FLOOR |
| CITY      | BROOKLYN                       |
| STATE     | NY                             |
| ZIP       | 112283841                      |
| EXCLTYPE  | 1128a4                         |
| EXCLDATE  | 20220519                       |

## Update: Date of Birth

|           |                                |
|-----------|--------------------------------|
| LASTNAME  | NAROSOV                        |
| FIRSTNAME | SEMYON                         |
| MIDNAME   |                                |
| BUSNAME   |                                |
| GENERAL   | BUS OWNER/EXEC                 |
| SPECIALTY | MANAGEMENT SVCS CO             |
| UPIN      |                                |
| NPI       | 1952418972                     |
| DOB       | 19640504                       |
| ADDRESS   | 704 E BROADWAY STREET, #550491 |
| CITY      | EDEN                           |
| STATE     | TX                             |
| ZIP       | 768370000                      |
| EXCLTYPE  | 1128a1                         |
| EXCLDATE  | 20201020                       |

## Update: Middle Name

|           |                           |
|-----------|---------------------------|
| LASTNAME  | NGUYEN                    |
| FIRSTNAME | TUAN                      |
| MIDNAME   | HAI                       |
| BUSNAME   |                           |
| GENERAL   | PHYSICIAN (MD, DO)        |
| SPECIALTY | GENERAL PRACTICE          |
| UPIN      | H69564                    |
| NPI       | 1982771697                |
| DOB       | 19661218                  |
| ADDRESS   | 11180 WARNER AVE, STE 153 |
| CITY      | FOUNTAIN VALLEY           |
| STATE     | CA                        |
| ZIP       | 927080000                 |
| EXCLTYPE  | 1128b14                   |
| EXCLDATE  | 20130820                  |

## Update: Middle Name

|           |                      |
|-----------|----------------------|
| LASTNAME  | SHARIM               |
| FIRSTNAME | FARHAD               |
| MIDNAME   | N DANY               |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | PHARMACIST           |
| UPIN      |                      |
| NPI       | 1255419545           |
| DOB       | 19590906             |
| ADDRESS   | 3901 KLEIN BLVD      |
| CITY      | LOMPOC               |
| STATE     | CA                   |
| ZIP       | 934360000            |
| EXCLTYPE  | 1128a3               |
| EXCLDATE  | 20180220             |

## Update: Deceased and Exclusion Status

|           |                       |
|-----------|-----------------------|
| LASTNAME  | VOGEN                 |
| FIRSTNAME | KENNETH               |
| MIDNAME   | W                     |
| BUSNAME   |                       |
| GENERAL   | PODIATRY PRACTICE     |
| SPECIALTY | PODIATRY              |
| UPIN      | T11470                |
| NPI       | 0000000000            |
| DOB       | 19520830              |
| ADDRESS   | 17343 SAN LUIS ST, #1 |
| CITY      | FOUNTAIN VALLEY       |
| STATE     | CA                    |
| ZIP       | 927080000             |
| EXCLTYPE  | 1128b14               |
| EXCLDATE  | 19990617              |

# Updated LEIE Information

*June 2024*

## Update: UPIN

|           |                       |
|-----------|-----------------------|
| LASTNAME  | WILLIAMSON            |
| FIRSTNAME | MALINDA               |
| MIDNAME   | GALE                  |
| BUSNAME   |                       |
| GENERAL   | IND- LIC HC SERV PRO  |
| SPECIALTY | PHARMACY TECHNICIAN   |
| UPIN      |                       |
| NPI       | 0000000000            |
| DOB       | 19731103              |
| ADDRESS   | 169594 US HIGHWAY 271 |
| CITY      | CLAYTON               |
| STATE     | OK                    |
| ZIP       | 745360000             |
| EXCLTYPE  | 1128a3                |
| EXCLDATE  | 20240520              |

# Updated LEIE Information

*May 2024*

## Update: UPIN

|           |                         |
|-----------|-------------------------|
| LASTNAME  | ADUMA                   |
| FIRSTNAME | LEAH                    |
| MIDNAME   | BERRYL                  |
| BUSNAME   |                         |
| GENERAL   | IND- LIC HC SERV PRO    |
| SPECIALTY | NURSE/NURSES AIDE       |
| UPIN      |                         |
| NPI       | 0000000000              |
| DOB       | 19771208                |
| ADDRESS   | 6009 E RICHARDS DRIVE 8 |
| CITY      | SHAWNEE                 |
| STATE     | KS                      |
| ZIP       | 662160000               |
| EXCLTYPE  | 1128b4                  |
| EXCLDATE  | 20240418                |

## Update: Deceased and Exclusion Status

|           |                    |
|-----------|--------------------|
| LASTNAME  | FLORES             |
| FIRSTNAME | OTTO               |
| MIDNAME   | O                  |
| BUSNAME   |                    |
| GENERAL   | CHIROPRACTIC PRACT |
| SPECIALTY | CHIROPRACTIC       |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19631223           |
| ADDRESS   | 2002 S BROADWAY    |
| CITY      | SANTA ANA          |
| STATE     | CA                 |
| ZIP       | 927072710          |
| EXCLTYPE  | 1128b14            |
| EXCLDATE  | 19940605           |

## Update: First Name

|           |                   |
|-----------|-------------------|
| LASTNAME  | GARCIA            |
| FIRSTNAME | MARITZA           |
| MIDNAME   |                   |
| BUSNAME   |                   |
| GENERAL   | DME COMPANY       |
| SPECIALTY | OWNER/OPERATOR    |
| UPIN      |                   |
| NPI       | 0000000000        |
| DOB       | 19610711          |
| ADDRESS   | 15510 S W 144 AVE |
| CITY      | MIAMI             |
| STATE     | FL                |
| ZIP       | 331770000         |
| EXCLTYPE  | 1128a1            |
| EXCLDATE  | 20021120          |

## Update: UPIN

|           |                      |
|-----------|----------------------|
| LASTNAME  | MUEHLBAUER           |
| FIRSTNAME | TANYA                |
| MIDNAME   |                      |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | NURSE/NURSES AIDE    |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19810816             |
| ADDRESS   | 4354 BIA ROAD 2 N    |
| CITY      | SAINT JOHN           |
| STATE     | ND                   |
| ZIP       | 583690000            |
| EXCLTYPE  | 1128b4               |
| EXCLDATE  | 20240418             |

## Update: Primary NPI #

|           |                      |
|-----------|----------------------|
| LASTNAME  | SESAY                |
| FIRSTNAME | RUGIATU              |
| MIDNAME   |                      |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | NURSE/NURSES AIDE    |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19750714             |
| ADDRESS   | 4182 LITTLE PINE DR  |
| CITY      | COLUMBUS             |
| STATE     | OH                   |
| ZIP       | 432300000            |
| EXCLTYPE  | 1128a2               |
| EXCLDATE  | 20240520             |

## Update: Subject Sub-Type

|           |                      |
|-----------|----------------------|
| LASTNAME  | SPARKLER             |
| FIRSTNAME | CARLA                |
| MIDNAME   | B                    |
| BUSNAME   |                      |
| GENERAL   | EMPLOYEE - PRIVATE S |
| SPECIALTY | PHARMACY             |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19700409             |
| ADDRESS   | 301 SUGAR BUSH COURT |
| CITY      | MULLICA HILL         |
| STATE     | NJ                   |
| ZIP       | 080620000            |
| EXCLTYPE  | 1128b7               |
| EXCLDATE  | 20240209             |