

1 Doe, John, MD

Provider Details

2 Speciality	3 Board Certified(If Applicable)
INTERNAL MEDICINE	Yes
CARDIOLOGY	Yes

[Click Here for instructions on how to check the providers most current board certification status](#)

4 **Gender:** Male

5 **Addresses:** 1234 Broadway
Suite 123
Flushing, NY 10000
(718) 123-4567

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6 **Directory Number:** 12345P

7 **Participating Plans:**
Care Improvement Plus, Child Health Plus, Choice Plus Direct, Family Health Plus, HIP Classic, HIP HMO Direct, HIP Medicaid, HIP Prime, HIP Prime EPO, HIP Prime POS, HIP Prime PPO, HIP Select EPO, HIP Select PPO, HIP VIP Medicare, HIPaccess I, HIPaccess II, Healthy New York

9 **Participating Networks:**
CLASSIC, PREMIUM OR VYTRA PREMIUM, PRIME

10 **Wheelchair Accessible**

11 **Hospital Affiliations:** NY Hospital Medical Center of Queens, New York Presbyterian Hospital-Allen Pavilion, North Shore University Hospital

12 **Languages:** CHINESE, MANDARIN

1 **Provider Name**¹

2 **Specialty**²

3 **Board Certified**^{**}

4 **Gender**¹

5 **Street Address**¹

6 **Provider ID Number**^{*1}

7 **Participating Plans**

8 **Map to address**

9 **Participating Networks**

10 **Accessibility**

11 **Hospital Affiliation**¹

12 **Spoken Languages**¹

* The Provider PRIS number is an office location-specific number that a provider uses, along with a Personal Identification Number (PIN) to access HIP's Interactive Voice Response (IVR) System and HIP's Web site at hipusa.com. The Provider PRIS number is not to be used for electronic claims submission. In most cases, the provider license number is to be used for electronic claims submission. For further information please contact edisupport@hipusa.com.

** Practitioners must satisfy the requirements/standards of a nationally recognized specialty board and receive specialist certification from either ABMS or AOA. Board certification is verified by ABMS and AOA during the re-credentialing process every three years.

¹ Information is collected from the Provider Application; therefore, it is self-reported and is validated every three years during the re-credentialing process or sooner based on provider notification.

² Information is collected from the Provider Application and validated every three years during the re-credentialing process. For Board Certified Providers, information is collected from and verified by ABMS or AOA. For Non-Board Certified Providers, information is verified from the highest level of training and with the Licensing Board.