

CAQH Data Summary Date 12/3/2024

Carver, Alison Leigh Certified Registered Nurse Anesthetist

Last Reattestation Date: 11/26/2024 5:33:08 PM

CAQH Provider ID : 15008105

PREPARE			
NUCC Grouping:		Physician Assistants & Advanced Practice Nursing Providers	
Provider Type:		Certified Registered Nurse Anesthetist	Practice Setting: Inpatient/Outpatient or Outpatient Only
Primary Practice State:		NC	
Other Practice State(s):			

PERSONAL INFORMATION			
Name			
First Name :		Alison	Middle Name : Leigh
Last Name :		Carver	Suffix :
Have you used other names?		No	
Home Address			
Street 1 :		Street 2 :	
City :		State :	
Country :		Province :	
County :		Zip Code :	
Mailing Address			
Is Mailing address and Home Address Same?		No	
Street 1 :		Street 2 :	
City :		State :	
Country :		Province :	
County :		Zip Code :	
Primary Method of Contact			
Primary E-mail Address :		rebeccag@bcsconsult.com	
PMOC CC Email1 :		Personal E-Mail Address :	
Phone Numbers		PMOC CC Email2 :	
Home Phone :		Personal Cell Phone :	
Personal Fax :			
Personal Identification Numbers			
Social Security Number :		240-61-5217	
Foreign National Identification Number :		FNIN Country of Issue :	
Do you have a Unique Physicians Identification Number (UPIN)?		No	
Do you have an Individual (Type 1) National Provider Identifier (NPI)?		Yes	
Individual NPI :		1487996344	
Demographics			
Gender Identity:		Female	
Race/Ethnicity :		Unknown	
Birth Date :		7/14/1983	
Birth State :		NC	
Birth City :		Statesville	
Birth Country :			
Languages			
Non-English languages spoken by provider :			

PROFESSIONAL IDENTIFICATION NUMBERS			
Professional License			
License State :		NC	Do you currently practice in this state? Yes
License Number :		1821	License Type : CRNA
License Status :			
Issue Date :		05/10/2013	Expiration Date : 07/31/2025
License State :		NC	Do you currently practice in this state? Yes
License Number :		229275	License Type : RN
License Status :			
Issue Date :		01/30/2009	Expiration Date : 07/31/2026
DEA Registration			
Do you have a DEA Registration Certificate?		No	
Controlled Dangerous Substance (CDS) Registration			
Do you have a CDS Registration Certificate?		No	
Medicare			
Are you a participating Medicare provider?		No	
Medicaid			
Are you a participating Medicaid provider?		No	
ECFMG			
Do you have a Educational Commission for Foreign Medical Graduates (ECFMG) Number?		No	
USMLE			
USMLE No. :		Exam Date :	

EDUCATION			
Graduate Type :		US/Canada Graduate	
Professional School Information			
Country :	United States	State :	NC
County :			
Professional School :	Duke University	Street 1 :	102 B Allen Building
Street 2 :		City :	Durham
Province :			
Zip Code :	27710		
Phone Number :		Fax Number :	
Degree :	Master of Science in Nursing (MSN)		
Professional School Start Date :	01/2011	Professional School End Date :	05/2013
Area of Training / Course of Study / Major :	Anesthesia		
Did you complete your professional education at this school?	Yes	Graduation Date :	05/12/2013

TRAINING INFORMATION	
Cultural Competency Training :	
Have you completed cultural competency training?	
Continuing Medical Education(CME) :	
Do you have Continuing Medical Education ?	No

SPECIALTY INFORMATION			
Primary Specialty			
Primary Specialty :	Nurse Anesthetist, Certified Registered (367500000X)		
Board Certified?	Yes		
Name of Certifying Board :	American Association of Nurse Anesthetists		
Country :		State :	
County :			
Street 1 :		Street 2 :	
City :		Province :	
Zip Code :			
Certification Number :	92659		
Initial Certification Date :	5/3/2013	Does your board certification have an expiration date?	Yes
Expiration Date :	7/31/2025	Last Recertification Date :	8/1/2021
Are you listed in the American Board of Medical Specialists?			
Secondary Specialty			
Do you have a Secondary Specialty?	No		
Special Experience, Skills, and Training			
Please select one or more special experience, skills, and training that apply from the list below:			

CERTIFICATION INFORMATION			
Do you have Certifications? :	Yes		
QASP - Qualified Autism Service			
Provider :			
CPR - Cardio-Pulmonary Resuscitation :	No		
Basic Life Support (BLS) :	Yes		
BLS - State :		BLS - Type :	
BLS - Certificate No :		BLS - Date of Certification :	7/14/2021
BLS Expiration Date :	7/14/2023		
Advanced Cardiac Life Support (ACLS) :	Yes		
ACLS - State :		ACLS - Type :	
ACLS No :		ACLS - Date of Certification :	7/14/2021
ACLS Expiration Date :	7/14/2023		
Advanced Life Support in OB(ALSO) :	No		
Health Care Provider (CoreC) :	No		
Advanced Trauma Life Support (ATLS) :	No		
Neonatal Advanced Life Support (NALS) :	No		
Neonatal Resuscitation Program (NRP) :	No		
Pediatric Advanced Life Support (PALS) :	Yes		
PALS - State :		PALS - Type :	
PALS - Certificate No :		PALS - Date of Certification :	7/14/2021
PALS Expiration Date :	7/14/2023		
Other :	No		
Anesthesia Permit :			
Therapeutics Classification Number			
(Optometrists only) :			
Professional Association :			
Association Name :			

PRACTICE LOCATIONS

Active Locations

General Information :

Confirmed Date :11/26/2024

Office Type :Primary Practice

Providers's Start Date :4/1/2023

Do you practice at this location?:Yes, I practice at this location

Please Explain:I see patients at this location, but not by appointment

Provider Directory Classification :

Specialty :Nurse Anesthetist, Certified Registered

Subspecialty :

Will you continue to practice at this location

Type of Service provided :

Provide a narrative description of your clinical practice including special interests :

Practice Name :GREENSBORO ANESTHESIA SPECIALISTS INC

CAQH Practice Location Number :32e6aed7-29de-ed11-a878-000d3a8bd199

Street 1 :520 N Elam Ave

Street 2 :

City :Greensboro

Country :United States

State :NC

County :

Province :

Zip Code :27403-1127

Email Address :REBECCAG@BCSCONSULT.COM

Can general correspondence be sent to this location?No

Practice Location Website

Appointment Scheduling Website

Mailing Address :

Street1 :400 E 10TH STREET

Street2 :

City :WACONIA

State :MN

County :

Province :

Country :

Zip Code :55387-4552

Type of Practice :Single Specialty Group

Do you have an organization (Type 2) NPI?:Yes

Organization (Type 2) NPI :1073772612

Group Medicaid Number :1073772612

Group Medicare Number :C10923

Phone Numbers :

Appointment Phone Number :336-547-1745

Phone Extention :

Fax Number :

Phone Coverage :

Does this location provide 24hour/7day a week phone coverage?:

Tax Information :

Practice Name as it appears on the W-9 :GREENSBORO ANESTHESIA SPECIALISTS INC

Tax ID :020536959

Type of Tax ID :Group

Is this the primary Tax ID for this practice location?Yes

Group Name :GREENSBORO ANESTHESIA SPECIALISTS INC

Office Hours :

Monday

Start Time :None

End Time :None

Tuesday

Start Time :None

End Time :None

Wednesday

Start Time :None

End Time :None

Thursday

Start Time :None

End Time :None

Friday

Start Time :None

End Time :None

Saturday

Start Time :None

End Time :None

Sunday

Start Time :None

End Time :None

Patients :

Do you accept new patients at this practice location?Yes

ExplanationOfVariations :

Colleagues :

Do you have any Partners/Associate at this location ?No

Covering Colleagues :

First Name :Middle Name :

Last Name :

Title :

Street 1 :Street 2 :

City :State :

Zip Code :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name :REBECCA

Middle Name :

Phone Number :952-442-3682

E-mail Address :REBECCAG@BCSCONSULT.COM

Is Office Manager Credentialing Contact :Yes

Last Name :GRUNDAHL

Suffix :

Fax Number :952-442-3620

Billing Contact :

Office Manager & Billing Contact are same ? **No**

First Name :BCS, INC

Last Name :

Billing Company Name :

Street 2 :

State:MN

Country :

Phone Number :952-442-9770

E-mail Address :rebeccag@bcscconsult.com

Middle Name :

Street 1 :400 E 10TH STREET

City :WACONIA

Province :

Zip Code :55387-4552

Fax Number :952-442-3620

Payment and Remittance :

Billing department name :BCS, INC

Check Payable to :GREENSBORO ANESTHESIA SPECIALISTS INC

Electronic billing capabilities ? **Yes**

Office Manager & Payee Contact are same ? **No**

First Name :BCS, INC

Last Name :

Street 2 :

State:MN

Country :

Phone Number :952-442-9770

Fax Number :952-442-3620

Middle Name :

Street 1 :400 E 10TH STREET

City :WACONIA

Province :

Zip Code :55387-4552

E-mail Address :rebeccag@bcscconsult.com

Practice Limitations and Patient Populations :

Gender Limitations : **No**

Are there any Age Limitations? : **No**

Other Limitations :

What population(s) do you treat (e.g. geriatric, all ages):

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior BuildingNo

Interior BuildingNo

Wheelchair access to exam roomNo

Exam table/scale/chairNo

Gurneys & StretchersNo

Portable LiftsNo

Radiologic EquipmentNo

Signage & documentsNo

ParkingYes

RestroomYes

Other Handicapped Access :

Please specify other services for the disabled:

American Sign Language :No

Mental/Physical Impairment Services :No

Other Disability Services :

Please specify how this office is accessible by public transportation:

Does this Location Provide Child Care Services?No

Does this office meet all state and local fire, safety and sanitation requirements?No

Do you accept Workers' Compensation Patients?No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possibleNo

Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No
Telehealth :	
I provide telehealth services at this location:	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?	
Audio :	Audio/Video :
Secure Text Messaging :	Remote Monitoring :
Store-and-Forward :	
Are you willing and able to support family caregivers?	No
Services :	
Does this location provide any of the following services:	
Laboratory Services? :	Accrediting/Certifying Program :
Radiology Services :	X-ray?
X-Ray Certification Type :	EKG Services?
Care of Minor Lacerations?	Pulmonary Function testing?
Allergy Injections :	Allergy Skin Testing :
Office Gynecology?	
Drawing Blood?	
Asthma Treatment?	Age Appropriate Immunizations?
Flexible Sigmoidoscopy?	Tympanometry/Audiometry Screening ?
Osteopathic Manipulation?	IV Hydration treatment?
Cardiac Stress Test?	Physical Therapy?
Treadmill?	
Is anesthesia administered in your office ?	What class/category of anesthesia is used ?
Anesthesia Administered by First Name :	Anesthesia Administered by Last Name :
Other Services :	
Special Skills By The Practitioner :	Special Skills By The Staff :
Non-English language spoken by office personnel :	
Employee Type :	
Do you have any interpreters at this location?	No

Archived Locations
***THERE IS NO DATA ON RECORD FOR THIS SECTION**

HOSPITAL AFFILIATIONS	
General :	
Do you have admitting privileges at one or more hospitals?	No
Do you have an admitting arrangement where another provider admits for you?	No
Do you have any non-admitting hospital affiliations?	
Please explain any incident(s) in which you have involuntarily or voluntarily withdrawn your application for appointment, clinical privileges or reappointment before a decision was made by a hospital or healthcare facility's governing board. :	No

CREDENTIALING INFORMATION			
First Name :	Rebecca	Middle Name :	
Last Name :	Grundahl	Street 1 :	400 E 10TH STREET
Street 2 :		City :	WACONIA
State :	MN	Zip Code :	55387-4552
Country :		Province :	
Phone Number :	952-442-3682	Fax Number :	952-442-3620
Email Address :	rebeccag@bcsconsult.com		
Primary Credentialing Contact :	Yes		
Location Type :	PracticeLocation	Location :	GREENSBORO ANESTHESIA SPECIALISTS INC

INSURANCE INFORMATION			
Policy Number :	B19580		
Covered Practice Locations :			
Original Effective Date :			
Current Effective Date :	04/13/2024		
Current Expiration Date :	04/13/2025		
Carrier/Self Insured Name :	Aana Insurance Services		
Street 1 :	222 South Prospect Avenue	Street 2 :	
City :	Park Ridge	Province :	
State :	IL	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	
Type of coverage :			
Amount of coverage per occurrence :	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?			

Individual Coverage :	No		
Policy Number :	B19580		
Covered Practice Locations :	GREENSBORO ANESTHESIA SPECIALISTS INC		
Original Effective Date :			
Current Effective Date :	04/13/2023		
Current Expiration Date :	04/13/2024		
Carrier/Self Insured Name :	Aana Insurance Services		
Street 1 :	222 South Prospect Avenue	Street 2 :	
City :	Park Ridge	Province :	
State :	IL	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	
Type of coverage :			
Amount of coverage per occurrence :	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?			
Individual Coverage :	No		

WORK HISTORY INFORMATION			
Employment Information Record			
Practice/Employer Name :	GREENSBORO ANES SPECIALISTS, INC	Department :	
Street 1 :	212 WINROW DRIVE	Street 2 :	
Country :	United States		
City :	JAMESTOWN	State :	NC
Province :		Zip Code :	27282
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	04/2023		
Is this your current employer?	Yes		
Military :			
Are you currently on active military duty?	No	Are you currently in the Reserves or National Guard?	

REFERENCES INFORMATION
*** THERE IS NO DATA ON RECORD FOR THIS SECTION**

DISCLOSURE INFORMATION	
NC :	
1. Has your license to practice in any jurisdiction ever been limited, restricted, reduced, suspended, voluntarily surrendered, revoked, denied or not renewed; have you ever been reprimanded by a state licensing agency; or are any of these actions pending with respect to your license; are you under investigation by any licensing or regulatory agency?	No
2. Has your professional employment or membership in a professional organization ever been subject to disciplinary proceedings, denied, limited, restricted, reduced, suspended, revoked, not renewed, or voluntarily relinquished during or under threat of termination for any reason?	No
3. Has your Drug Enforcement Agency registration or other controlled substance authorization ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your registration during or under threat of investigation or are any such actions pending?	No
4. Have you ever been sanctioned or suspended by Medicare or Medicaid?	No
5. To your knowledge, have you ever been reported to the National Practitioner Data Bank or the North/South Carolina Board of Medical Examiners?	No
6. Have you ever been convicted of a felony or misdemeanor, or are you under investigation with respect to such conduct?	No
7. Has a professional liability claim been assessed against you in the past five years, or are there any professional liability cases pending against you?	No
8. Has any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from your coverage?	No
9. Have you ever practiced without liability coverage?	No
10. Do you currently have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential function of your position?	No
11. Have your Hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?	No