

# NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

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#### **Section 1: BASIC INFORMATION**

A. Reason for Submittal of this Form: Active Application

B. Entity Type: An individual who renders health care. Is the individual a sole proprietor?: N

**C. NPI:** 1851092126

#### Section 2: PROFILE

Individuals (include Sole Proprietorships and Incorporated Individuals)	ndividuals (include Sole Proprietorships and Incorporated Individuals)				
Name athena poonacha bollera					
Tax Identification Number(TIN) XXX-XX-0932					
Suffix					
Credentials business owner					

Demographic Information				
Ethnicity	Ethnicity Sub			
Not of Hispanic, Latino/a or Spanish Origin				
Race	Race Sub			
Asian	Asian Indian			
Primary Language	Language			
Yes	English			

Other Name Information							
Prefix	First	Middle	Last	Suffix	Credentials	Type of Other Name	

## Section 3: BUSINESS ADDRESSES AND OTHER INFORMATION

Business Mailing Address Information (Correspondence Address)							
Business Mailing Address: Carecity, 21 Moraine Rd, Edison NJ 08820-3663, US							
Business Telephone number (732) 877-4799	Extension	Business Fax Number					

Business	Business Practice Location Information							
Primary	Address	Country	Office Hours	Telephone number	Language Spoken	Office	Exam Rooms	Medical Equipment と
Y	Carecity, 21 Moraine Rd, Edison NJ 08820-3663, US	US		(732) 877-4799	English			

Health Inform	ation Exchange					
Endpoint Type	Endpoint	Endpoint Description	Endpoint Use	Endpoint Content Type	Affiliation	Endpoint Location

Other Identifiers		
Issuer	State Issued	Number

P	rovider Ta	axonomy Code				
Г	Primary	Taxonomy Code	Taxonomy Type	Group Type	License Number	State Issued
Г	Υ	225X00000X	Occupational Therapist			

### **Section 4: Contact Person**

Contact	Contact Person							
Primary	Prefix	First athena	Middle Last bollera					
Υ	Suffix	Credential Athena Bollera	Title / Position					
	Telephone Number (732) 877-4799	Extension		Email Address carecitybollera@gmail.com				

Primary	Prefix	First Poonacha	Middle	<b>Last</b> Bollera
N	Suffix	Credential Poonacha Bollera	Title / Position	
	<b>Telephone Number</b> (732) 277-1033	Extension		Email Address bollera@gmail.com