

CAQH Data Summary Date 2/26/2018
CARR, GEORGE B Clinical Social Worker
CAQH Provider ID : 12141695

Last Reattestation Date: 2/21/2018 2:02:52 PM

PREPARE			
Provider Type:	Clinical Social Worker	Practice Setting:	Inpatient/Outpatient or Outpatient Only
Primary Practice State:	NC		
Other Practice State(s):			

PERSONAL INFORMATION			
Name			
First Name :	GEORGE	Middle Name :	B
Last Name :	CARR	Suffix :	
Have you used other names?	No		
Home Address			
Street 1 :	206 N Hill St	Street 2 :	
City :	Faison	State :	NC
Country :	United States	Province :	
County :	Duplin County	Zip Code :	28341
Mailing Address			
Is Mailing address and Home Address Same?	Yes		
Street 1 :	206 N Hill St	Street 2 :	
City :	Faison	State :	NC
Country :	United States	Province :	
County :	Duplin County	Zip Code :	28341
Primary Method of Contact			
Primary E-mail Address :	waynesboropa@bellsouth.net	Personal E-Mail Address :	george_bc@hotmail.com
PMOC CC Email1 :	nvannoske@bellsouth.net	PMOC CC Email2 :	skeel@waynesborofamilyclinic.org
Phone Numbers			
Home Phone :		Personal Cell Phone :	
Personal Fax :			
Personal Identification Numbers			
Social Security Number :	246-15-6946		
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 :	1861517153
Demographics			
Gender :	Male	Race/Ethnicity :	
Birth Date :	3/14/1973	Birth City :	
Birth State :	NC	Birth Country :	United States
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 :	C005437	License Type :	CSW
License Status :	Active		
Issue Date :	09/01/2006	Expiration Date :	06/30/2018
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?	Yes		
Medicare Number :	2853733	State :	NC
Medicaid			
Are you a participating Medicaid provider?	Yes		
Medicaid Number :	6007635	State :	NC
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 :	WA
County :			
Professional School :	Eastern Washington University	Street 1 :	526 5th St
Street 2 :		City :	Cheney
Province :			
Zip Code :	99004		
Phone Number :		Fax Number :	
Degree :	Master of Social Work (MSW)		

Professional School Start Date :	08/2002	Professional School End Date :	06/2003
Area of Training / Course of Study / Major :			
Did you complete (or will you complete within the next 90 days) your professional education at this school?	Yes	Completion Date :	06/15/2003
Undergraduate Education			
Country :	United States	State :	NC
School :	North Carolina State University	Street 1 :	P.O. Box 7103
Street 2 :		City :	Raleigh
Province :			
Zip Code :	27695		
Phone Number :		Fax Number :	
Degree :	Bachelor of Social Work (BSW)		
Start Date :	08/1991	End Date :	12/1997
Area of Training / Course of Study / Major :			
Did you complete your Undergraduate education at this school?	Yes	Completion Date :	12/15/1997

TRAINING INFORMATION	
Continuing Medical Education(CME) : Do you have Continuing Medical Education ?	No

SPECIALTY INFORMATION	
Primary Specialty	
Do you have any specialties?	Yes
Primary Specialty :	Social Worker, Clinical
Board Certified?	No
If you have applied to a specialty board for examination, give the name of board :	
Date of scheduled examination :	
If you have not applied to a specialty board, please explain :	n/a
Secondary Specialty	
Do you have a Secondary Specialty?	No

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

PRACTICE LOCATIONS			
General Information :			
Office Type :	Primary Practice	Providers's Start Date :	9/1/2012
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients here at least one day per week on a regular basis		
Physician Group/Practice Name :	Waynesboro Family Clinic		
CAQH Practice Location Number :	28749a7f-4dad-e411-ab32-0050569b7c85	Street 1 :	1706 WAYNE MEMORIAL DR
Street 2 :		Country :	United States
City :	GOLDSBORO	State :	NC
County :	Wayne County	Province :	
Zip Code :	27534-2240	Email Address :	nvanoske@bellsouth.net
Can general correspondence be sent to this location?	Yes	Practice Location Website	
Mailing Address :			
Street1 :	1706 Wayne Memorial Drive	Street2 :	
City :	Goldsboro	State :	NC
County :	Wayne County	Province :	
Country :	United States	Zip Code :	27534
Type of Practice :	Other	Other(Specify) :	
Subspecialty :			
Provide a narrative description of your clinical practice including special interests :	SOCIAL WORK		
Type of Service provided :	Specialist		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1760417570
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Office Phone Number :	919-734-6676	Phone Extention :	
Fax Number :	919-734-9050		
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Tax Information :			
Tax ID :	581477622	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Office Hours :			
Monday		End Time :	
Start Time :			
Tuesday			

Start Time :		End Time :	
Wednesday		End Time :	
Start Time :		End Time :	
Thursday		End Time :	
Start Time :		End Time :	
Friday		End Time :	
Start Time :		End Time :	
Saturday		End Time :	
Start Time :		End Time :	
Sunday		End Time :	
Start Time :		End Time :	
Do you accept new patients into the practice?	Yes		
ExplanationOfVariations :			
Colleagues :			
Do you have any Partners/Associate at this location ?	Yes		
Partners/Associates :			
Colleague Type :	Associate	Middle Name :	Cecil
First Name :	Donald	Suffix :	Jr
Last Name :	Neal	Provider Type :	
Specialty :	Social Worker, Clinical	Does this partner/associate provide coverage for you :	Yes
License Number :	C000615		
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 :	Nita	Last Name :	VanNoske
Middle Name :		Suffix :	
Phone Number :	919-734-6676	Fax Number :	
E-mail Address :			
Is Office Manager Credentialing Contact :	Yes		
Billing Contact :			
Office Manager & Billing Contact are same ?			
First Name :		Middle Name :	
Last Name :		Street 1 :	
Billing Company Name :			
Street 2 :		City :	
State:		Province :	
Country :		Zip Code :	
Phone Number :		Fax Number :	
E-mail Address :			
Payment and Remittance :			
Billing department name :		Check Payable to :	
Electronic billing capabilities ?			
Office Manager & Payee Contact are same ?			
First Name :		Middle Name :	
Last Name :		Street 1 :	
Street 2 :		City :	
State:		Province :	
Country :		Zip Code :	
Phone Number :			
Fax Number :		E-mail Address :	
Practice Limitations and Patient Populations :			
Gender Limitations :	No		
Are there any Age Limitations? :	No		
Other Limitations :	ADOLESCENT THROUGH ADULT		
What population(s) do you treat (e.g. geriatric, all ages):	ADOLESCENT THROUGH ADULT		
Accessibility :			
Does this office meet ADA accessibility requirements ?			
Does this office provide handicapped accessibility ?			
Building Access :	Yes		
Parking Access :			
Restroom Access :			
Wheelchair Access :			
Services :			
Does this location provide any of the following services:		Accrediting/Certifying Program :	
Laboratory Services? :	Yes		
Radiology Services :	No		
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	Yes		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening ?	No

Osteopathic Manipulation?		IV Hydration treatment?	
Cardiac Stress Test?	No	Physical Therapy?	No
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :		Employee Type :	
Non-English language spoken by office personnel :		Employee Type :	
Do you have any interpreters at this location?	Yes		
Specify languages :	Spanish		

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?	No
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. :	PATIENT IS SENT TO HOSPITAL OF CHOICE AND ADMITTED THERE IF NEEDED

CREDENTIALING INFORMATION			
First Name :	Stacy	Middle Name :	
Last Name :	Keel	Street 1 :	1706 Wayne Memorial Dr
Street 2 :		City :	Goldsboro
State :	NC	Zip Code :	27534
Country :	United States	Province :	
Phone Number :	919-734-6676	Fax Number :	919-734-9050
Email Address :	skeel@waynesborofamilyclinic.org		
Primary Credentialing Contact :	Yes		
Location Type :	PracticeLocation	Location :	Waynesboro Family Clinic

INSURANCE INFORMATION			
Are You Covered Under A Professional Liability Insurance Policy?		Yes	
Policy Number :	swl-043772533		
Original Effective Date :	08/29/2012		
Current Effective Date :	08/29/2015		
Current Expiration Date :	08/29/2016		
Carrier/Self Insured Name :	American Home Assurance Co./American Professional Agency, Inc.		
Street 1 :	95 Broadway	Street 2 :	
City :	Amityville	Province :	
State :	NY	Country :	
Zip Code :	11701	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?		No	
Individual Coverage :	Yes		
Policy Number :	560-000044826		
Original Effective Date :	08/29/2012		
Current Effective Date :	08/29/2016		
Current Expiration Date :	08/29/2017		
Carrier/Self Insured Name :	American Home Assurance Co./American Professional Agency, Inc.		
Street 1 :	95 Broadway	Street 2 :	
City :	Amityville	Province :	
State :	NY	Country :	
Zip Code :	11701	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 :	Yes		
Policy Number :	5604-4826		
Original Effective Date :	08/29/2012		
Current Effective Date :	08/29/2017		
Current Expiration Date :	08/29/2018		
Carrier/Self Insured Name :	American Home Assurance Co./American Professional Agency, Inc.		
Street 1 :	95 Broadway	Street 2 :	
City :	Amityville	Province :	
State :	NY	Country :	
Zip Code :	11701	Phone Number :	
Phone Extension :		Fax Number :	
Type of coverage :	Occurrence		
	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00

Amount of coverage per occurrence :
 If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?
 Individual Coverage : **Yes**

WORK HISTORY INFORMATION

Employment Information Record

Practice/Employer Name :	WAYNESBORO FAMILY CLINIC, P.A.	Department :	
Street 1 :	1706 Wayne Memorial Drive	Street 2 :	
Country :	United States		
City :	Goldsboro	State :	NC
Province :		Zip Code :	27534
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	07/2012		
Is this your current employer?	Yes		
Practice/Employer Name :	TRI-COUNTY COMMUNITY HEALTH COUNCIL, INC DBA HARVEST HOUSE	Department :	
Street 1 :	3331 Easy Street	Street 2 :	
Country :	United States		
City :	dunn	State :	NC
Province :		Zip Code :	28334
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	05/2010		
Is this your current employer?	No		
End Date :	07/2012	Reason for departure :	wanted to do more therapy
Practice/Employer Name :	EASTER SEALS UCP NC	Department :	
Street 1 :	210 McKoy Street	Street 2 :	
Country :	United States		
City :	Clinton	State :	NC
Province :		Zip Code :	28328
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	01/2009		
Is this your current employer?	No		
End Date :	06/2010	Reason for departure :	better opportunity
Practice/Employer Name :	CHERRY HOSPITAL	Department :	
Street 1 :	stevens mill road	Street 2 :	
Country :	United States		
City :	goldsboro	State :	NC
Province :		Zip Code :	27530
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	12/2006		
Is this your current employer?	No		
End Date :	01/2009	Reason for departure :	better opportunity
Military :			
Are you currently on active military duty?	No	Are you currently in the Reserves or National Guard?	No

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