

CAQH Data Summary Date 2/26/2018

Horne, Bryan Manning Clinical Social Worker

CAQH Provider ID : 11338803

Last Reattestation Date: 2/22/2018 11:17:45 AM

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 :	Bryan	Middle Name :	Manning
Last Name :	Horne	Suffix :	
Have you used other names?	No		
Home Address			
Street 1 :	1706 Wayne Memorial Drive	Street 2 :	
City :	Goldsboro	State :	NC
Country :		Province :	
County :		Zip Code :	
Mailing Address			
Is Mailing address and Home Address Same?	Yes		
Street 1 :	1706 Wayne Memorial Drive	Street 2 :	
City :	Goldsboro	State :	NC
Country :		Province :	
County :		Zip Code :	
Primary Method of Contact			
Primary E-mail Address :	WAYNESBOROPA@BELLSOUTH.NET	Personal E-Mail Address :	fuzzhawk1958@outlook.com
PMOC CC Email1 :	nvanoske@bellsouth.net	PMOC CC Email2 :	SKEEL@WAYNESBOROFAMILYCLINIC.C
Phone Numbers			
Home Phone :		Personal Cell Phone :	
Personal Fax :			
Personal Identification Numbers			
Social Security Number :	246-06-6821		
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 :	1487698650
Demographics			
Gender :	Male	Race/Ethnicity :	
Birth Date :	11/29/1958	Birth City :	
Birth State :		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 :	C001608	License Type :	CSW
License Status :	Active		
Issue Date :	01/01/1993	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 :	Q59163A	State :	NC
Medicaid			
Are you a participating Medicaid provider?	Yes		
Medicaid Number :	n/a	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 :		State :	
County :			
Professional School :	East Carolina University	Street 1 :	EAST 5TH ST
Street 2 :		City :	Greenville
Province :			
Zip Code :	27858-4353		
Phone Number :		Fax Number :	
Degree :	Master of Social Work (MSW)		
Professional School Start Date :	06/2003	Professional School End Date :	05/2006

Area of Training / Course of Study /			
Major :	Yes	Completion Date :	05/06/2006
Did you complete (or will you complete within the next 90 days) your professional education at this school?			
Undergraduate Education			
Country :	CENTRAL MICHIGAN UNIVERSITY	State :	MI
School :		Street 1 :	1200 S FRANKLIN ST
Street 2 :		City :	MOUNT PLEASANT
Province :			
Zip Code :	48858		
Phone Number :		Fax Number :	
Degree :	Master of Science (MS)		
Start Date :	01/1996	End Date :	05/2000
Area of Training / Course of Study /			
Major :	ADMINISTRATION		
Did you complete your Undergraduate education at this school?	Yes	Completion Date :	05/01/2000
Undergraduate Education			
Country :		State :	NC
School :	EAST CAROLINA UNIVERSITY	Street 1 :	EAST 5TH ST
Street 2 :		City :	GREENVILLE
Province :			
Zip Code :	27858-4353		
Phone Number :		Fax Number :	
Degree :	Bachelor of Science (BS)		
Start Date :	08/1977	End Date :	05/1987
Area of Training / Course of Study /			
Major :	PSYCHOLOGY		
Did you complete your Undergraduate education at this school?	Yes	Completion Date :	05/01/1987

TRAINING INFORMATION
Continuing Medical Education(CME) :
Do you have Continuing Medical Education ?

SPECIALTY INFORMATION
Primary Specialty
Do you have any specialties?

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

PRACTICE LOCATIONS			
General Information :			
Office Type :	Primary Practice	Providers's Start Date :	
Do you practice at this location?:	No, I do not practice here		
Please Explain:	I no longer practice at this location		
End Date :	10/1/2016		
Physician Group/Practice Name :	Bryan Manning Horne		
CAQH Practice Location Number :	d0cf674b-2e8d-e411-9640-0050569b7c85	Street 1 :	100 S James St
Street 2 :		Country :	United States
City :	Goldsboro	State :	NC
County :		Province :	
Zip Code :	27530	Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :	Other	Other(Specify) :	
Subspecialty :			
Provide a narrative description of your clinical practice including special interests :			
Type of Service provided :			
Do you have an organization (Type 2) NPI? :			
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Office Phone Number :	919-587-0319	Phone Extention :	
Fax Number :	919-587-0284		
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Tax Information :			
Tax ID :	561221055	Type of Tax ID :	
Is this the primary Tax ID for this practice location?			
Group Name :			

Office Hours :

Monday	
Start Time :	End Time :
Tuesday	
Start Time :	End Time :
Wednesday	
Start Time :	End Time :
Thursday	
Start Time :	End Time :
Friday	
Start Time :	End Time :
Saturday	
Start Time :	End Time :
Sunday	
Start Time :	End Time :

Do you accept new patients into the practice?

ExplanationOfVariations :

Colleagues :

Do you have any Partners/Associate at this location ?

Practice Limitations and Patient Populations :

Gender Limitations :

Are there any Age Limitations? :

Other Limitations :

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

Accessibility :

Does this office meet ADA accessibility requirements ?

Does this office provide handicapped accessibility ?

Building Access :

Parking Access :

Restroom Access :

Wheelchair Access :

Services :

Does this location provide any of the following services:

Laboratory Services? :

Radiology Services :

X-Ray Certification Type :

Care of Minor Lacerations?

Allergy Injections :

Office Gynecology?

Drawing Blood?

Asthma Treatment?

Flexible Sigmoidoscopy?

Osteopathic Manipulation?

Cardiac Stress Test?

Is anesthesia administered in your office ?

Anesthesia Administered by First Name :

Other Services :

Non-English language spoken by office personnel :

Do you have any interpreters at this location?

General Information :

Office Type :

Do you practice at this location?:

Please Explain:

Physician Group/Practice Name :

CAQH Practice Location Number :

Street 2 :

City :

County :

Zip Code :

Can general correspondence be sent to this location?

Mailing Address :

Street1 :

City :

County :

Country :

Type of Practice :

Subspecialty :

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

Type of Service provided :

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

Group Medicaid Number :

Phone Numbers :

Office Phone Number :

Fax Number :

Phone Coverage :

Accrediting/Certifying Program :

EKG Services?

Pulmonary Function testing?

Allergy Skin Testing :

Age Appropriate Immunizations?

Tympanometry/Audiometry Screening ?

IV Hydration treatment?

Physical Therapy?

What class/category of anesthesia is used ?

Anesthesia Administered by Last Name :

Employee Type :

Providers's Start Date :

10/10/2016

Street 1 :

1706 WAYNE MEMORIAL DR

Country :

United States

State :

NC

Province :

Email Address :

nvannoske@bellsouth.net

Practice Location Website

waynesborofamilyclinic.com

Street2 :

NC

State :

Province :

Zip Code :

27534-2240

Organization (Type 2) NPI :

1760417570

Group Medicare Number :

Phone Extension :

Other Practice

Yes, I practice at this location

I see patients here at least one day per week on a regular basis

Waynesboro Family Clinic, P.A.

fb026b09-74fc-e711-9221-

0050569b7f69

GOLDSBORO

27534-2240

Yes

1706 WAYNE MEMORIAL DR

GOLDSBORO

United States

Group

Social Worker, Clinical

Specialist

Yes

919-734-6676

919-734-9050

Yes

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 :	Waynesboro Family Clinic, P.A.		
Office Hours :			
Monday			
Start Time :	8:00 AM	End Time :	8:00 PM
Tuesday			
Start Time :	8:00 AM	End Time :	8:00 PM
Wednesday			
Start Time :	8:00 AM	End Time :	8:00 PM
Thursday			
Start Time :	8:00 AM	End Time :	8:00 PM
Friday			
Start Time :	8:00 AM	End Time :	6:00 PM
Saturday			
Start Time :		End Time :	
Sunday			
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		
First Name :	Donald	Middle Name :	
Last Name :	Neal	Suffix :	
Specialty :	Social Worker, Clinical	Provider Type :	CSW
License Number :	C000615	Does this partner/associate provide coverage for you :	
Covering Colleagues :			
First Name :	April	Middle Name :	
Last Name :	DeSelms		
Title :	LPC		
Street 1 :	1706 Wayne Memorial Drive	Street 2 :	
City :	Goldsboro	State :	NC
Zip Code :	27534-2240		
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 :	919-734-9050
E-mail Address :			
Is Office Manager Credentialing Contact :	Yes		
Billing Contact :			
Office Manager & Billing Contact are same ?	Yes		
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 :	Waynesboro Family Clinic, P.A.	Check Payable to :	Waynesboro Family Clinic, P.A.
Electronic billing capabilities ?	Yes		
Office Manager & Payee Contact are same ?	No		
First Name :	Angie	Middle Name :	
Last Name :	Mashburn	Street 1 :	1706 Wayne Memorial Drive
Street 2 :		City :	Goldsboro
State:	NC	Province :	
Country :		Zip Code :	27534-2240
Phone Number :	919-734-6676		
Fax Number :		E-mail Address :	
Practice Limitations and Patient Populations :			
Gender Limitations :	No		
Are there any Age Limitations? :	Yes		
Age Minimum :	18	Age Maximum :	120
Other Limitations :			
What population(s) do you treat (e.g. geriatric, all ages):	18 and older		
Accessibility :			
Does this office meet ADA accessibility requirements ?	Yes		
Does this office provide handicapped accessibility ?			
Building Access :	Yes		
Parking Access :	Yes		
Restroom Access :	Yes		
Wheelchair Access :	Yes		

Services :			
Does this location provide any of the following services:			
Laboratory Services? :	Yes	Accrediting/Certifying Program :	
Radiology Services :	No	EKG Services?	No
X-Ray Certification Type :		Pulmonary Function testing?	No
Care of Minor Lacerations?	No	Allergy Skin Testing :	No
Allergy Injections :	No		
Office Gynecology?	No	Age Appropriate Immunizations?	No
Drawing Blood?	Yes	Tympanometry/Audiometry Screening ?	No
Asthma Treatment?	No	IV Hydration treatment?	No
Flexible Sigmoidoscopy?	No	Physical Therapy?	No
Osteopathic Manipulation?	No	What class/category of anesthesia is used ?	
Cardiac Stress Test?	No	Anesthesia Administered by Last Name :	
Is anesthesia administered in your office ?	No		
Anesthesia Administered by First Name :		Employee Type :	
Other Services :			
Non-English language spoken by office personnel :			
Do you have any interpreters at this location?	Yes		
Specify languages :	Spanish	Employee Type :	Office Personnel

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. :	n/a

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

INSURANCE INFORMATION	
Are You Covered Under A Professional Liability Insurance Policy?	Yes
Policy Number :	0644161427
Original Effective Date :	10/12/2016
Current Effective Date :	10/12/2017
Current Expiration Date :	10/12/2018
Carrier/Self Insured Name :	Hpsso (Health Providers Service Organizational
Street 1 :	159 E County Line Rd
City :	Hatboro
State :	PA
Zip Code :	19040
Phone Extension :	
Type of coverage :	Occurrence
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

WORK HISTORY INFORMATION	
Employment Information Record	
Practice/Employer Name :	Waynesboro Family Clinic, P.A.
Street 1 :	1706 Wayne Memorial Drive
Country :	United States
City :	Goldsboro
Province :	
Phone Number :	
Fax Number :	
Start Date :	10/2016
Is this your current employer?	Yes
Military :	
Are you currently on active military duty?	No
Department :	
Street 2 :	
State :	NC
Zip Code :	27534
Phone Extension :	
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
	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