

NATIONAL PROVIDER IDENTIFIER (NPI) FORM

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SECTION 1 – BASIC INFORMATION

NPI Number 1649427386	Provider (Organization) Full Name PFEIFFER MICHAEL H M.D.	Provider (Organization) Other Name	Entity Type Individual	Replacement NPI
Gender Male	Enumeration Date 08/25/2008	Last Update Date 01/29/2009	Deactivation Reason Code	Deactivation Date
	Reactivation Date	Employer Identification Number (EIN)		

SECTION 2 – CONTACT INFORMATION

Business Mailing Address

6714 WHITTIER AVE , MC LEAN VA221014529-221014529 US

Practice Location Address

8101 HINSON FARM RD STE 112 , ALEXANDRIA VA223063404-223063404 US

Business Phone Number 7033561105	Business Fax Number 7033560970	Practice Phone Number 7037990644	Practice Fax Number 8662713513
Authorized Official – Name	Authorized Official – Title/Position	Authorized Official - Phone Number	

SECTION 3 – LICENSING, IDENTIFICATION INFORMATION

A. TAXONOMY INFORMATION

1. Code: 2084N0600X (Clinical Neurophysiology). License Number : 0101244289 VA.

B. OTHER PROVIDER IDENTIFIERS

1. Identifier: 1649427386. Type: MEDICAID. VA.
2. Identifier: 131760ZAS5. Type: MEDICARE PIN. DC.