PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor
GURBIR S. GREWAL
Attorney General
KAITLIN A. CARUSO
Acting Director

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
OFFICE OF THE DIRECTOR

New Jersey Health Care Profile

P.O. BOX 366
JERSEY CITY, NJ 07302
1 888 654 2701

Initial profile letter sample

00001
J210370

DR SAMPLE
000 MAIN STREET
JERSEY CITY NJ 00000

February 8, 2021

Dear Practitioner:

The New Jersey Health Care Consumer Information Act requires you to provide information about yourself and your practice so that it can be made available to the public on the New Jersey Health Care Profile. The Health Care Profile (www.njdoctorlist.com) provides the public with online access to information about New Jersey physicians, podiatrists and optometrists. The Health Care Profile is an invaluable source of information for consumers seeking a physician, podiatrist or optometrist who meets their particular needs, such as one who practices in a specific town or city, who practices a needed specialty, who speaks a familiar language or who has an office that is barrier-free.

To help you comply with your obligations under this law to provide profile information, the New Jersey Division of Consumer Affairs, in consultation with the New Jersey State Board of Medical Examiners and the New Jersey State Board of Optometrists, has developed an initial profile containing information that may include your medical or optometric education, malpractice payments, criminal convictions, hospital and health care facility privilege restrictions (medical doctors and podiatrists only), and disciplinary actions. Information obtained from the American Medical Association and the American Osteopathic Association may have been used to develop profiles for medical doctors and podiatrists. You are required to review this information, correct any inaccuracies and provide any required information that is missing from the profile. To verify the profile information about you and your practice, correct inaccuracies and provide other required information, the Division has created a secure, self-report website at www.njhcp.com. You will need a user name and password to access your profile information on the self-report website. Your user name is your 12-character license number (e.g. 25MA01234500) and your temporary password is:

Changeme1

Continued on reverse

Once you have successfully signed onto the self-report website, you will be asked to enter your date of birth and the last four digits of your Social Security number. You will then be given the opportunity to select a new password. You will also be required to answer a security question that will be stored for future authentication purposes, if necessary. You will then be able to access your profile welcome page. Follow the instructions on the site to review the personal data available, provide any missing data, make any needed changes in fields that permit change and provide any of the voluntary information.

If you dispute the factual accuracy of any information included in your profile, follow the instructions on the website for filing disputes. You may be required to submit written documentation to support your claim. If this becomes necessary, you will receive further instruction from the Division.

If you do not verify your profile information, correct inaccuracies and provide other required information, 45 days from the date printed on this letter, your profile information will be automatically posted to the public website (www.njdoctorlist.com) and may be incomplete.

While we strongly recommend that you verify your profile information online in the next 45 days, you may request that a paper copy of the profile be sent to you for review by mailing a written request that includes your signature and your 12-character license number to:

New Jersey Health Care Profile
Division of Consumer Affairs
PO Box 366
Jersey City, NJ 07302

A request for a paper copy of the profile may also be faxed to 844-453-0956. The request must include your signature and your 12-character license number.

Please act immediately to complete your profile. If you need any assistance or have any questions, please contact the New Jersey Health Care Profile Help Line at 1-888-654-2701 between the hours 8:00 am and 6:00 pm Monday through Friday.

Thank you for your cooperation in creating an accurate and useful Health Care Profile.

Sincerely,

The New Jersey Division of Consumer Affairs

NOTICE REGARDING THE PROCESS THE DIVISION OF CONSUMER AFFAIRS WILL FOLLOW TO CATEGORIZE AND REPORT WHETHER A LICENSEE HAS MADE A "BELOW AVERAGE", "AVERAGE" OR "ABOVE AVERAGE" NUMBER OF MALPRACTICE PAYMENTS

The "New Jersey Health Care Consumer Information Act" requires the Division of Consumer Affairs to categorize the number of medical malpractice payments made by an individual physician or podiatrist within the most recent five years into one of three graduated categories: "below average", "average" or "above average." The law requires that the groupings be arrived at by comparing the number of an individual physician's or podiatrist's medical malpractice judgments, arbitration awards and settlements to the experience of other physicians or podiatrists within the same specialty.

In order to comply with the law, the Division of Consumer Affairs will calculate "averages" for 27 recognized specialty areas of practice. The recognized specialty areas, for purposes of this calculation, are:

ALLERGY & IMMUNOLOGY
ANESTHESIOLOGY
COLON&RECTAL SURGERY
DERMATOLOGY
EMERGENCY MEDICINE
FAMILY PRACTICE
GENERAL PRACTICE
INTERNAL MEDICINE
MEDICAL GENETICS
NEUROLOGICAL SURGERY
NEUROLOGY
NUCLEAR MEDICINE
OBSTETRICS& GYNECOLOGY
OPHTHALMOLOGY
ORTHOPEDIC SURGERY
OTOLARYNGOLOGY
PATHOLOGY
PEDIATRICS
PHYSICAL MEDICINE & REHABILITATION
PLASTIC SURGERY
PODIATRY
PREVENTIVE MEDICINE
PSYCHIATRY
RADIOLOGY
SURGERY
THORACIC SURGERY
UROLOGY

You will be placed into one of the above listed recognized specialty areas based on the specialty information in your profile. The Division will calculate the "mean" number of payments for each recognized specialty area. The statistical "mean" will be derived by dividing the total number of payments made in the five year period by all doctors within a specialty area by the total number of doctors within the specialty area.

The Division has analyzed information that is presently available to it, and, based thereon, anticipates that the vast majority of doctors in all specialty areas have made no malpractice payments during the relevant five year period (specifically, available information, which is not segregated by specialty area, suggests that approximately 90% of licensees have paid no malpractice claims within the past five years). If that information is accurate, then the Division anticipates that the calculated "mean" for all specialties will be a number greater than zero (0.0) but less than one-half (0.50).

In the event the calculated "mean" is in fact less than 0.50, then for purposes of making the statutory categorization into one of three categories, physicians or podiatrists who have made no payments will be categorized and reported to the public as having made a "below average" number of payments. Physicians or podiatrists who have made on malpractice payment will be categorized and reported as having made an "average" number of payments, and physicians or podiatrists who have made two or more malpractice payments will be categorized and reported as having made an "above average" number of payments.

In addition to the "categorization" of payments, the public will be provided the following information on all profiles:

- The physician or podiatrist's self-reported specialty.
- Information about any malpractice payment(s) made by an individual doctor to include the date, dollar amount and type (i.e., judgment, settlement or arbitration award) of any payment(s), or a statement that the physician has made no payments.

Continued on reverse

- The total number of physicians within a specialty group.
- The total number and percentage of physicians within a specialty group who have made payments within the past five years.
- The total number of payments made by physicians within a specialty group within the past five years.

The categorization process will be ongoing. In the event your categorization changes (for any reason, to include the addition of a payment report to your profile, the deletion of a report at the conclusion of the five year reporting period, or a change in the "average" number of payments for the specialty area), an update of your reported categorization will automatically be made on your profile. You will not be provided with notice of any such change to the categorization.

In order to aid you in understating the process that will be followed by the Division and the information that will be reported to the public, a hypothetical example is included.

The following example is entirely hypothetical, and **is intended only to illustrate the new methodology that will be used by the Division** to comply with the requirements of the "New Jersey Health Care Consumer Information Act."

Assume 1000 doctors report their specialty area as pediatrics. Malpractice payments for those 1000 physicians (within the relevant five year period) are as follows:

850 have made	0 malpractice payments.
100 have made	1 malpractice payment.
35 have made	2 malpractice payments.
10 have made	3 malpractice payments.
5 have made	4 malpractice payments.

The statistical "mean" for the specialty pediatrics would be calculated to be 0.22 (derived by dividing 220, the total number of payments made within the specialty, by 1000, the total number of doctors within the specialty). Because the "mean" is a number greater than 0.0 but less than 0.5, pediatricians who have made no malpractice payments will be categorized as "below average", pediatricians who have made one malpractice payment will be categorized as "average", and pediatricians who have made two or more malpractice payments will be categorized as "above average."

The profile for a pediatrician who paid one claim of $1,000,000 pursuant to a malpractice settlement entered on January 1, 2014 would include the following information:

- Dr. X reports his specialty to be pediatrics.
- Dr. X made one malpractice payment on January 1, 2014, in the amount of $1,000,000 pursuant to a settlement.
- 1000 doctors have reported their specialty to be pediatrics.
- 150 doctors (15%) in the specialty pediatrics have made malpractice payments within the past five years.
- 220 malpractice payments have been made by doctors in the specialty pediatrics within the past five years.

All profiles will also include the following statement:

"Settlement of a claim and, in particular, the dollar amount of the settlement may occur for a variety of reasons, which do not necessarily reflect negatively on the professional competence or conduct of the doctor. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred."

Sample Email re: Sending the P Letter

Dear New Jersey licensed Practitioner:

An important letter is on its way to you concerning the New Jersey Health Care Profile (www.njhcp.com) a website developed by the New Jersey Division of Consumer Affairs to provide the public with online access to information about New Jersey licensed physicians, podiatrists and optometrists. This letter contains your individual log in information, specifically your temporary password and your registration number, which you will need to access your on line New Jersey Health Care Profile (www.njhcp.com).

It is important that you act immediately upon receipt of this letter. If you need any assistance or have any questions, please contact the New Jersey Health Care Profile Help Line at 1-888-654-2701, between the hours 8:00 am and 6:00 pm, Monday through Friday.

Thank you for your cooperation in creating an accurate and useful Health Care Profile.

Sincerely,

New Jersey Health Care Profile

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor
GURBIR S. GREWAL
Attorney General
KAITLIN A. CARUSO
Acting Director

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
OFFICE OF THE DIRECTOR

New Jersey Health Care Profile
P.O. BOX 366
JERSEY CITY, NJ 07302
1 888 654 2701

Reminder letter sample

00001
J310370

DR SAMPLE
000 MAIN STREET
JERSEY CITY NJ 00000

February 8, 2021

Dear Practitioner:

The New Jersey Health Care Consumer Information Act requires you to provide information about yourself and your practice so that it can be made available to the public on the New Jersey Health Care Profile. The Health Care Profile (www.njdoctorlist.com) provides the public with online access to information about New Jersey physicians, podiatrists and optometrists. The Health Care Profile is an invaluable source of information for consumers seeking a physician, podiatrist or optometrist who meets their particular needs, such as one who practices in a specific town or city, who practices a needed specialty, who speaks a familiar language or who has an office that is barrier-free.

A notice was recently sent to you indicating that you were required to review your profile, correct any inaccuracies and provide any required information missing from the profile. The review was to be completed within 45 days. To date, you have either not responded or you started to fill out your profile online but failed to complete it, in which case any information you attempted to provide online was not recorded. As the initial deadline for you to have reviewed your profile and correct inaccuracies has passed, the information that was set forth in your profile has now been made available to the public on www.njdoctorlist.com.

As outlined in the last notice sent to you, the New Jersey Division of Consumer Affairs, in consultation with the New Jersey State Board of Medical Examiners and the New Jersey State Board of Optometrists, developed an initial profile containing information that may include your medical or optometric education, malpractice payments, criminal convictions, hospital and health care facility privilege restrictions (medical doctors and podiatrists only), and disciplinary actions. Information obtained from the American Medical Association and the American Osteopathic Association may have been used to develop profiles for medical doctors and podiatrists.

While your profile information has already been made public at www.njdoctorlist.com, you may still review the information, correct inaccuracies and provide other required information through the Division's secure, self-report website at www.njhcp.com. You will need a user name and password to access your profile information on the self-report website. Your user name is your 12-character license number (e.g. 25MA01234500) and your temporary password is:

Changeme1

Continued on reverse

Once you have successfully signed onto the self-report website, you will be asked to enter your date of birth and the last four digits of your Social Security number. You will then be given the opportunity to select a new password. You will also be required to answer a security question that will be stored for future authentication purposes, if necessary. You will then be able to access your profile welcome page. Follow the instructions on the site to review the personal data available, provide any missing data, make any needed changes in fields that permit change and provide any of the voluntary information.

If you dispute the factual accuracy of any information included in your profile, follow the instructions on the website for filing disputes. You may be required to submit written documentation to support your claim. If this becomes necessary, you will receive further instruction from the Division.

You may request that a paper copy of the profile be sent to you for review by mailing a written request that includes your signature and your 12-character license number to:

New Jersey Health Care Profile
Division of Consumer Affairs
PO Box 366
Jersey City, NJ 07302

A request for a paper copy of the profile may also be faxed to 844-453-0956. The request must include your signature and your 12-character license number.

Please act immediately to complete your profile. If you need any assistance or have any questions, please contact the New Jersey Health Care Profile Help Line at 1-888-654-2701 between the hours 8:00 am and 6:00 pm Monday through Friday.

Thank you for your cooperation in creating an accurate and useful Health Care Profile.

Sincerely,

The New Jersey Division of Consumer Affairs

PHILIP D. MURPHY
Governor
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DIVISION OF CONSUMER AFFAIRS
OFFICE OF THE DIRECTOR

New Jersey Health Care Profile
P.O. BOX 366
JERSEY CITY, NJ 07302
1 888 654 2701

Update Source letter sample

00001
J610370

DR SAMPLE
000 MAIN STREET
JERSEY CITY NJ 00000

Ferbruay 8, 2021

Dear Practitioner:

The New Jersey Health Care Consumer Information Act requires that profile information about physicians, podiatrists and optometrists and their practices be made available to the public on the New Jersey Health Care Profile (www.njdoctorlist.com). The law also provides that if new information or a change in existing information is received by the Division, the practitioner shall be given 30 calendar days to review and correct any factual inaccuracy to the modified profile before it becomes available to the public.

This letter is intended to notify you that a change to the following section of your profile has occurred:

Board Certification

You have 30 calendar days from the date of this letter to review and approve or dispute the accuracy of the modified information. We encourage you to review your modified profile by signing on to the Division's secure self-reporting website at www.njhcp.com. If you dispute any information on the profile, including the modified information, you must do so through the Division's self-report website (www.njhcp.com) or by letter addressed to the New Jersey Health Care Profile at the address listed below. Your dispute of the information contained in your profile will be forwarded to the New Jersey State Board of Medical Examiners or the New Jersey Board of Optometrists for review and consideration. You will be notified by the Board of its decision relative to your dispute.

If you fail to dispute or to approve the modified information within 30 days, your modified profile will be made available to the public at www.njdoctorlist.com.

If you prefer to receive a paper copy of the profile for review, please submit a written request, including your signature and your 12-character license number, to:

New Jersey Health Care Profile
PO Box 366
Jersey City, NJ 07302

Practitioner ID: 151030027
NJHCP U Letter 11012017
00NJPP_U01 NJ_Export_U_20210205123456.txt J610370

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01-01-1-00

A request for a paper copy of the profile may also be faxed to 844-453-0956. The request must include your signature and your 12-character license number.

Thank you for your cooperation in creating an accurate and useful Health Care Profile. If you have any questions, or need assistance, please contact the New Jersey Health Care Profile Help Line at 1-888-654-2701, between the hours of 8:00 am and 6:00 pm, Monday through Friday.

Sincerely,

The New Jersey Division of Consumer Affairs

PHILIP D. MURPHY
Governor
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State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
OFFICE OF THE DIRECTOR

New Jersey Health Care Profile

P.O. BOX 366
JERSEY CITY, NJ 07302
1 888 654 2701

Initial Survey Sample

February 8, 2021

Dear Practitioner:

The New Jersey Health Care Consumer Information Act requires that profile information about you and your practice be made available to the public. Enclosed is the paper copy of the health care profile survey you requested. It is important that you complete the survey immediately and return it promptly using the envelope provided. Your profile will become public information 45 days from the date of initial notification sent to you regarding the health care profile.

The enclosed profile survey includes information about you, which the Division is required to make available to the public, including information about your medical or optometric education, malpractice payments, criminal convictions, hospital and health care facility privilege restrictions (medical doctors and podiatrists only), and disciplinary actions. Certain information has been pre-printed onto the profile survey. It is especially important that all of the required sections be completed, and, if there are incomplete sections, we ask that you add that missing information to the profile survey. If you dispute the factual accuracy of any of the pre-printed information, please make the necessary changes on the profile survey. You may be required to submit written documentation to support any changes you report. If written documentation is required, you will receive further instructions following the Division's review of your profile survey.

Your profile survey also contains sections that afford you the opportunity to provide optional information, including the name of your practice, whether you offer translation services, your office hours, and more. You may choose to complete these sections designated as "optional," in which event the information you disclose will be publicly available as part of your public profile. Optional information provided by you will not be independently verified by the Division.

If you do not return this survey, your profile information will be automatically posted to the public website at www.njdoctorlist.com, but it may be incomplete or otherwise not in compliance with the law's requirements.

Thank you for your cooperation in creating an accurate and useful Health Care Profile. If you have any questions, or need assistance, please contact the New Jersey Health Care Profile Help Line at 1-888-654-2701, between the hours of 8:00 am and 6:00 pm, Monday through Friday.

Sincerely,

The New Jersey Division of Consumer Affairs

Practitioner ID: 151001921
NJHCP S Letter 11012017
00NJPP_S01 NJ_Export_S_20210205123456.txt J410370

Paper Survey sample

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1-151050298-V
20201209

New Jersey Health Care Profile

PRACTITIONER SURVEY

1. Practitioner (Medical Doctor, Podiatrist or Optometrist)

Name and mailing address *(Write a preferred address if necessary; this address is for Profile Contact purposes only. Contact the State Board to update your mailing address for medical doctor/podiatrist licensure purposes at PO Box 183, Trenton, NJ 08625 or for optometrist licensure purposes at PO Box 45012, Newark, NJ 07101.)*

[redacted]

INSTRUCTIONS

If you have questions:
Call 1-888-654-2701

If any preprinted information appears incomplete or incorrect, type or print your changes or additions.

Mail your completed survey to:
New Jersey Health Care Profile
Division of Consumer Affairs
PO Box 366
Jersey City, NJ 07303-9966

2. Additional Contact Information *[Optional]*

(This information is for contact purposes only. It will not be displayed on the public New Jersey Health Care Profile.)

Daytime phone number _____

Fax number _____

E-mail _____

3. License to Practice *[Required]*

A. NJ license number [redacted] Year conferred [redacted]

B. If initially licensed to practice outside of the State of New Jersey, enter the year first licensed 1999

C. NPI Number _____

D. Primary Specialty (Medical Doctors and Podiatrists only; see Survey Codes.)
IM - INTERNAL MEDICINE

E. Additional Specialties (list up to 4.)

_____

_____

_____

_____

Rev: 0615

4. Medical or Optometry School *[Required]*

A. School from which you received your degree

	Year degree received
[redacted]	[redacted]

B. Other Medical or Optometry school(s) attended

5. Graduate Medical or Optometry Education *[Required]*

(Including all Internships, Residencies and Fellowships)

Graduate Medical Education	Completion Date	Field of Training
[redacted]	[redacted]	[redacted]

6. Board Certifications [Optional]

A. Board Certifications (Medical doctors/podiatrists) reported by an outside source (ABMS, ABPS, ABPOPPM recognized boards) Optometrists certifications are reported by the New Jersey State Board of Optometrists

Name of Board	Year of Certification	Year of Expiration (if applicable)
[redacted]	[redacted]	[redacted]

Subcertification	Year of Certification	Year of Expiration (if applicable)

❑ I do not wish the board certifications reported by an outside source to be made public.

B. Self-Reported Board Certifications. List other Board Certifications.

Name of Board	Specialty	Year of Certification	Year of Expiration (if applicable)

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7. Practice Information *[Optional. If completed, the information will be made available to the public.]*

Practice 1

Practice Name _____

Address *[Required]* _____

_____

_____

_____

Phone *[Optional. If completed, the information provided will be made public.]* _____

County *[Required]* _____

Translation Services *[Optional. If completed, the information provided will be made public.]*

If you offer translation services on site on a regular basis, list those languages offered. *(See Survey Codes insert.)*

_____ _____ _____ _____ _____ _____ _____

(code) *(code)* *(code)* *(code)* *(code)* *(code)* *(code)*

Office Hours *[Optional. If completed, the information provided will be made public.]*

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Government Programs *[Optional. If completed, the information provided will be made public.]*

Do you participate in the Medicaid Program? Do you accept Medicare assignment?

Accessibility *[Optional. If completed, the information will be made public.]*

Is your office accessible to people with disabilities?

(Further information regarding accessibility standards can be found at www.usdoj.gov/crt/ada)

7. Practice Information *[Optional. If completed the information will be made available to the public.] (continued)*

Practice Name 2. _____

Address *[Required]* _____

_____

_____

_____

Phone *[Optional. If completed, the information provided will be made public.]* _____

County *[Required]* _____

Translation Services *[Optional. If completed, the information provided will be made public.]*

If you offer translation services on site on a regular basis, list those languages offered. (See Survey Codes insert.)

_____ _____ _____ _____ _____ _____ _____

(code) *(code)* *(code)* *(code)* *(code)* *(code)* *(code)*

Office Hours *[Optional. If completed, the information provided will be made public.]*

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Government Programs *[Optional. If completed, the information provided will be made public.]*

Do you participate in the Medicaid Program? Do you accept Medicare assignment?

Accessibility *[Optional. If completed, the information will be made public.]*

Is your office accessible to people with disabilities?

(Further information regarding accessibility standards can be found at www.usdoj.gov/crt/ada)

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20201209

New Jersey Health Care Profile

ADDITIONAL INFORMATION

Note that all the information in this section except your signature and, for optometrists, your certification(s) to dispense pharmaceutical agents, is optional and, if completed, will be made public. These sections provide you the opportunity to present additional information about yourself to the public if you choose to do so.

15. Faculty Appointments *[Optional]*

If you currently serve or have served as a full-time, part-time or adjunct faculty member of a Medical school within the past 10 years, list the schools below with the beginning and ending dates of your appointments. *(See the Survey Codes insert for the New Jersey area medical or optometry schools.)*

Institution Name and State	Start Date	End Date *(if applicable)*
	/ /	/ /
	/ /	/ /
	/ /	/ /

16. Hospital Privileges *[Optional]*

VA13 - VA New Jersey Health System, East Orange Campus

17. Signature *[Required]*

N.J.S.A. 45:9-22.22 (b) requires all licensees to provide any information necessary to complete a health care practitioner profile. You therefore must complete all required information fields. Licensees who fail to provide required information, or knowingly provide false information, may be subject to disciplinary action, to include the suspension or revocation of licensure and/or the imposition of civil penalties as may be authorized by law.

I certify that the information set forth in this profile is true and complete to the best of my knowledge. I am aware that I may be subject to disciplinary action if any statement(s) I make or information I provide herein is willfully false.

_____ _____

Practitioner Signature *Date*

14. Criminal Convictions *[Required]*

Have you been convicted of any crime of the first, second, third or fourth degree within the most recent 10 years? *For purposes of this question, you must report any crime to which you have pled guilty or were found guilty by a court of competent jurisdiction. You need not report any conviction that has been expunged.* ❑ Yes ☑ No

State Conviction date Reporting Entity/Description Disputed?

Dispute Reason: _____

If you wish to provide supporting documentation, please attach it to this survey.

If you require additional space, please attach a separate piece of paper to this survey.

1-151050298-V
20201209

7. Practice Information *[Optional. If completed the information will be made available to the public.] (continued)*

Practice Name 3. _____

Address *[Required]* _____

_____

_____

_____

Phone *[Optional. If completed, the information provided will be made public.]* _____

County *[Required]* _____

Translation Services *[Optional. If completed, the information provided will be made public.]*

If you offer translation services on site on a regular basis, list those languages offered. (See Survey Codes insert.)

_____ _____ _____ _____ _____ _____ _____

(code) (code) (code) (code) (code) (code) (code)

Office Hours *[Optional. If completed, the information provided will be made public.]*

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Government Programs *[Optional. If completed, the information provided will be made public.]*

Do you participate in the Medicaid Program? Do you accept Medicare assignment?

Accessibility *[Optional. If completed, the information will be made public.]*

Is your office accessible to people with disabilities?

(Further information regarding accessibility standards can be found at www.usdoj.gov/crt/ada)

8. Health Plans *[Optional. If completed, the information will be made available to the public.]*

- ❑ AARP
- ❑ Aetna Health, Inc.
- ❑ Aetna Life Insurance Company
- ❑ AmeriChoice of New Jersey, Inc.
- ❑ Amerigroup New Jersey
- ❑ AmeriHealth HMO
- ❑ AtlantiCare Health Plans, Inc.
- ❑ Celtic Insurance Company
- ❑ Cigna HealthCare of New Jersey, Inc.
- ❑ Coventry Health Care of Delaware, Inc.
- ❑ Davis Vision
- ❑ Empire HealthChoice HMO, Inc.
- ❑ Fortis Insurance Company
- ❑ Fortis Insurance Company (PPO)
- ❑ Great West Healthcare of New Jersey
- ❑ Guardian
- ❑ Guardian PPO
- ❑ Health Net of New Jersey, Inc.
- ❑ Horizon Blue Cross Blue Shield of NJ
- ❑ Horizon HealthCare of NJ HMO Blue
- ❑ Horizon Health Care Plan of New Jersey
- ❑ MetLife
- ❑ One Health Plan of New Jersey, Inc.
- ❑ Oxford Health Insurance Company (PPO)
- ❑ Oxford Health Insurance Company
- ❑ Oxford Health Plans, Inc.
- ❑ QualCare
- ❑ Spectera
- ❑ Trustmark Insurance w/ optional AMBT
- ❑ Trustmark Insurance w/o optional AMBT
- ❑ United Health Care of New Jersey, Inc.
- ❑ United Health Care Plan
- ❑ University Health Plans, Inc.
- ❑ Vision One
- ❑ Vision Service Plan
- ❑ Other specify_____

9. Languages *[Optional. If completed, the information will be made available to the public.]*

What languages other than English do you speak?

No languages reported.

10. Medical Malpractice Information *[Required]*

All medical malpractice payments (including settlements, judgments, and arbitration awards) made within the past 5 years must be listed below.

Date of payment	Dollar amount	Type (judgment, settlement, arbitration)	Malpractice insurance company *(For malpractice carriers in NJ, see Survey Codes. Otherwise provide the name of the company.)*	Disputed?
				❑ Yes ❑ No

If you wish to provide supporting documentation, please attach it to this survey.

If you require additional space, please attach a separate piece of paper to this survey.

11. New Jersey Disciplinary Actions *[Required]*

A. New Jersey Actions

Any public action taken by the New Jersey State Board of Medical Examiners or the New Jersey State Board of Optometrists against your license within the past 10 years is listed below.

❑ There is no record of any action taken against your license by the New Jersey State Board of Medical Examiners or the New Jersey State Board of Optometrists.

Date _____ Type of Disposition _____ Disputed? ❑ Yes ❑ No

Summary

Dispute Reason: _____

If you wish to provide supporting documentation, please attach it to this survey.

If you require additional space, please attach a separate piece of paper to this survey.

B. Current restrictions/limitations against your New Jersey license are listed below. If under appeal check here. ❑

Dispute Reason: _____

If you wish to provide supporting documentation, please attach it to this survey.

If you require additional space, please attach a separate piece of paper to this survey.

1-151050298-V
20201209

12. Out-of-State Disciplinary Actions *[Required]*

Have any disciplinary actions been taken against your license by any other state licensing entity within the past 10 years? ❑ Yes ❑ No

If yes, complete the following:

State	Licensing Entity	Date of Action	Action Taken	Disputed?
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No

Dispute Reason: _____

If you wish to provide supporting documentation, please attach it to this survey.

If you require additional space, please attach a separate piece of paper to this survey.

13. Hospital and Health Care Facility Privilege Restrictions *[Required for Medical Doctors/Podiatrists only]*

Within the past 10 years at any hospital or health care facility:

· Have your privileges been revoked or involuntarily restricted for reasons related to competence or misconduct or impairment; and/or

· Have restrictions been placed on your privileges in lieu of or in settlement of a pending disciplinary case related to competence or misconduct or impairment?

❑ Yes ☑ No If yes, the restrictions should be listed below and if not listed below you are required to complete the requested information.

Date	Action Taken	Facility	State	Disputed?
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No

Dispute Reason: _____

If you wish to provide supporting documentation, please attach it to this survey.

If you require additional space, please attach a separate piece of paper to this survey.

Hospital Codes for Privileges, *continued*

New Yo k, continued

B ooklyn, continued

13 5 Maimonides Medical Cen e ; Brooklyn
1293 New York Community Hospital of Brooklyn, Inc; B o k yn
306 New York Methodist Hospital; Brooklyn
310 St Ma y's Hospital Brooklyn; B ooklyn
320 Unive sity Hospital of B ooklyn; Brooklyn
314 Vi t ry Mem a Hospi al; Brooklyn
1692 Woodhull Medical & Mental Health Center; Brooklyn
1318 Wyckoff Heights Medical Center; Brooklyn

Manhattan

1438 Bellevue Hosp tal Cen er; New York
1441 Beth Israel Medical Center/Herbert & Nell Sing r D vision; New York
1439 Beth Israel Medical Center/Petrie Campus; New York
1440 Cabr ni Medical Center; New York City
87 Co er Memorial Hospital
86 Go dwater Memorial Hospita and Nursing Home
45 Harlem Hospita Cent r; New York
1446 Hospital For Joint Diseases/ Orthopaedic In titute Inc; New Yo k
4 H spital For Special Surgery; New York
PC13 Kirby Forensic Psych at Center
1450 Lenox Hill Hospital; New York
1452 Manhattan Eye Ear and Throat Hospital; New York
PC14 Manhattan Psychiatric Center
1453 Memorial Hospital For Cancer and Allied D seases; New York
4 Me ropol tan H sp tal Center; New York
6 ou t Sina Hospital; New York
1464 New York Presbyterian Hospital/ Columbia Presbyterian Ce te ; New York
3975 New York Presbyterian Hospital/Allen Pavilion; New York
8 New York Presbyterian Hospita /New York Weill Corne Center New York
PC19 New York Psychiatric Institute
2968 No th General H spita ; New York
VA10 NY Campus of The VA NY Harbor Healthcare System
1460 NY Eye and Ear Infirmary; New York
1437 NYU Downtown Hospital; New York
1463 NYU Hospitals Center; New York
1465 Rockefeller University Hospital; New York
1467 St Clares Hospital and Health Center; New York
1466 St Lukes Roosevelt Hospital Center/Roosevelt Hospital Division; New York
1469 St Lukes Roosevelt Hospital/ St Lukes Hospital Division; New York
1471 St Vincents Hospital and Medical Center Manhattan; New York

Nassau

0490 North Shore University Hospital at Glen Cove; Glen Cove
0495 Long Beach Medical Center; Long Beach
0505 Island Medical Center; Hempstead
0511 Winthrop-University Hospital; Mineola
0513 Mercy Medical Center; Rockville Centre
0518 Franklin Hospital Medical Center; Valley Stream
0527 South Nassau Communities Hospital; Oceanside
0528 Nassau University Medical Center; East Meadow
0541 North Shore University Hospital; Manhasset
0550 North Shore University Hospital at Syosset; Syosset
0551 New Island Hospital; Bethpage
0552 North Shore University Hospital at Plainview; Plainview
0563 St Francis Hospital; Roslyn

Queens

PC08 Creedmoor Psychiatric Center
1626 Elmhurst Hospital Center
1629 Jamaica Hospital Medical Center; Jamaica
1630 Long Island Jewish Medical Center; New Hyde Park
3013 Mary Immaculate; Jamaica
1639 Mount Sinai Hospital/Mount Sinai Hospital of Queens; Long Island City
1628 New York Flushing Hosp Medical Center; Flushing
1637 New York Hospital/Medical Center of Queens; Flushing
1638 North Shore Univ Hosp at Forest Hills; Forest Hills
1645 NY Flushing Hosp Med Ctr North Div; Flushing
1644 Parkway Hospital; Forest Hills
1632 Peninsula Hospital Center; Far Rockaway
PC21 Queens Children's Psychiatric Center
1633 Queens Hospital Center; Jamaica
1635 St Johns Episcopal Hospital/ So Shore; Far Rockaway
1634 St Johns Queens Hospital
0016 SVCMC St. Joseph's Hospital; Flushing

Rockland

0779 Good Samarit n Hospital of Suffern; Suffern
0775 Helen Hayes Hospital; West Haverstraw
PC18 Nathan S Kline Inst tute
0776 Nyack Hospital Nyack
PC23 Rockland Children's Psychiatric Center
PC24 Rockland Psych atric Center
0793 Summit Pa k H pital Rockland County Infirmary; Pomo a

Staten Island

1741 Doctors Hospital of Sta en Island Inc; Staten Island
1473 Sisters of Charity Bayley Seton
1738 Sisters of Charity St Vincents Hospital Campus
PC27 South Beach Psychiatric Center
1737 Staten Island Un versity Hosp-South; Staten Island
1740 Staten Island University Hosp-North; Staten Island

Suffolk

0885 Brookhaven Memorial Hospital Medical Center Inc; Patchogue
0878 Brunswick Hospital Center Inc; Amityville
0938 Central Suffolk Hospital; Riverhead
0891 Eastern Long Island Hospital; Greenport
0925 Good Samaritan Hospital Medical Center; West Islip
0913 Huntington Hospital; Huntington
0895 John T Mather Memorial Hospital of Port Jefferson New York Inc; Port Jefferson
VA11 Northport VA Medical Center
PC20 Pilgrim Psychiatric Center
PC25 Sagamore Children's Psychiatric Center
0889 Southampton Hospital; Southampton
0924 Southside Hospital; Bay Shore
0943 St Catherine of Siena Hospital; Smithtown
4961 St John's Episcopal Hospital At/Community Hospital of Smithtown; Smithtown
0896 St. Charles Hospital and Rehabilitation Center, Inc; Po t Jefferson
0245 University Hospital; Stony Brook

Pennsylvania

Philadelphia

VA15 Philadelph a VA Medical Cente

Specialty Codes

A Allergy
ADL Adolescent Medicine (Pediatrics)
ADM Add ct on Medicine
ADP Add ction Psych atry
AI A lergy & Immunology
ALI Clinical Laboratory Immunology (Allergy & Immunology)
AM Aerospace Medicine
AMF Adolescent Medicine (Family Practice)
AMI Adolescent Medicine (Internal Medic ne)
AN Anesthesiology
APM Pa n Management
AR Abdominal Radiology
AS Abdominal Surgery
ATP Anatomic Pathology
BBK Blood Banking/Transfusion Medicine
CBG Cl nical Biochemical Genetics
CCA Cr tical Care Medicine (Anesthesiology)
CCG Clinical Cytogenetics
CCM Crit cal Care Medicine (Internal Medicine)
CCP Pediatric Critical Care Medicine
CCS Surgical Critical Care (Surgery)
CD Cardiovascular Disease
CFS Craniofacial S rgery
CG Clinical Genetics
CHN Chi d Neurology
CHP Child and Adolescent Psychiatry
CLP C inical Pathology
CMG C inica Molecular Genetics
CN C inical Neurophysiology
CRS Colon & Rectal Surgery
CS Cosmet c Surgery
CTR Card othorac c Radiology
D Dermatology
DBP Developmental-Behavioral Pediatrics
DDL Cl nical and Laboratory Dermatologica Immunology
DIA Diabetes
DMP Dermatopathology
DR Diagnostic Radiology
DS Dermatologic Surgery
EM Emergency Medicine
END "Endoc inology, Diabetes and Metabo ism"
EP Epidem ology
ESM Sports Medicine (Emergency Medicine)
ESN Endovascular Surgical Neuroradiology
ETX Medical Toxicology (Emergency Medicine)
FM Family Medicine
FOP Forensic Pathology
FPG Geriatric Medicine (Family Practice)
FPS Facial Plastic Surgery
FSM Sports Medicine (Family Practice)
GE Gastroenterology
GO Gynecological Oncology
GP General Practice
GPM General Preventive Medicine
GS General Surgery
GYN Gynecology
HEM Hematology (Internal Medicine)
HEP Hepatology
HMP Hematology (Pathology)
HNS Head & Neck Su gery
HO Hematology/Oncology
HOS Hosp talist
HS Hand Surgery
C ntervent onal Cardiology
CE Clin cal Cardiac Electrophysiology
D nfectious Disease
G mmunology
ILI Clinica and Laborator Immunology (Internal Medicine)
IM nternal Medicine
IMG Ger atric Medicine (Internal Medic ne)
SM Sp rts Medicine (Internal Medicine)
MFM Materna & Fetal Medicine
MG Medical Genetics
MGG Molecular Genetic Pathology (Medical Genetics)
MGP Molecular Genetic Pathology (Pathology)
MM Med cal Microbiology
MSR Musculoskeletal Radiology
N Neurology
NC Nuc ear Cardiology
NDN Neurodevelopmental Disabilities (Psychiatry & Neurology)
NDP Neurodevelopmental D sabilities (Pediatrics)
NEP Nephrology
NM Nuclear Medicine
NO Otology/Neurotology
NP Neuropathology
NPM Neonatal-Perinatal Medicine
NR Nuc ear Radiology
NRN Neurology/D agnostic Radiology/ Neuroradiology
NS Ne rological Surgery
NSP Pediatric Surgery (Neurology)
NTR Nutrition
NUP Neuropsychiatry
OAR Adult Reconstructive Orthopedics
OBG Obstetrics & Gynecology
OBS Obstetrics
OCC Crit cal Care Medicine (Obstetrics & Gynecology)
OFA "Foot and Ankle, Orthopedics"
OM Occupa ional Medicine
OMF O al & Maxi lofacial Surgery
OMM Osteopathic Manipulative Medicine
OMO Musculoskeletal Oncology
ON Medical Oncology
OP Pediatric Orthopedics
OPH Ophthalmology
ORS Orthopedic Su gery
OSM Sports Medicine (Orthopedic Surgery)
OSS Orthopedic Surgery of the Spine
OTO Otolaryngology
OTR Orthopedic Trauma
P Psychiatry
PAN Pediatric Anesthesiology (Pediatrics)
PCC Pulmonary Care Critical Medicine
PCH Chemical Pathology
PCP Cytopathology
PCS Pediatric Cardiothoracic Surgery
PD Pediatrics
PDA Pediatric Allergy
PDC Pediatric Cardiology
PDD Pediatric Dermatology
PDE Pedia ric Endocrinology
PDI Pediatric Infectious Disease
PDO Pediatric Otolaryngology
PDP Pediatric Pulmonology
PDR Pediatric Radiology
DS Surgery (Surgery)
DT Medical Toxicology (Pediatrics)
E Emergency Medicine (Emergen y Medicine)
FP Forens c Psychiatry
G Gastroenterology
HM harmaceutical Medicine
H ediatric Hematology/Oncology
HP ublic Health and General reventive Medicine
PLI Clinical and Laboratory Immunology (Pediatrics)
LM Palliative Med cine
M Physical Medicine & R hab litation
PMD Pain Medicine
MM Sports Medic n (Physical Medicine & Rehabilitation)
N P diatric Nephrology
O ediatric Ophthalmology
PP Ped atr Pathology
PPM Primary Podiatric Medi ine
PPO Podiatric Orthopedics
PPR Ped atr c Rheumatology
PPS Podiatric Surgery
PRO Proctology
PS Plastic Surgery
PSH Plastic Surgery within the Head & Neck
PSM Sports Medicine (Pediatrics)
PTH Anatomic/Clinical Pathology
PTX Medical Toxicology (Preventive Medicine)
PUD Pulmonary Disease
PYA Psychoanalysis
PYG Geriat ic Psychiatry
PYM Psychosomatic Medicine
R Radiology
REN Reproductive Endocrinology and Infertility
RHU Rheumatology
RNR Neuroradiology
RO Radia ion Oncology
RP Radiological Physics
RPM Pediatric Rehabilitation Medicine
SCI Spinal Cord Injury Medicine
SM Sleep Medicine
SO Surgical Oncology
SP Selective Pathology
TRS Trauma Surgery
TS Thoracic Surgery
TTS Transplant Surgery
U Urology
UM Undersea Medicine and Hyperbaric Medicine
UP Pediatric Urology
VIR Vascular and Interventional Radiology
VM Vascular Medicine
VN Vascular Neurology
VS Vascular Surgery

Malpractice Carrier Codes

22667 Ace American Insurance Company (Ace USA)
A0002 Aetna Life Insurance Company and its Affiliates
A0001 American Casualty Company of Reading PA
39152 American Healthcare Indemnity Company (The SCPIE Companies)
C0001 Chicago Insurance Company
20443 Continental Casualty Company (CNA)
NJ001 Conventus Inter-Insurance Exchange
35181 Executive Risk Indemnity Inc. (CHUBB Group)
NJ002 GE Medical Protective Company
34231 Medical Liability Mutual Insurance Company
11843 Medical Protective Company
NJ003 MIIX Advantage Insurance Company of New Jersey (MIIX)
Z0001 NCMIC
NJ004 New Jersey Physicians United Reciprocal Exchange (NJPURE)
NJ005 Podiatry Insurance Company of America
42226 Princeton Insurance Company
NJ006 ProNational Insurance Company
10638 ProSelect Insurance Company (ProMutual Group)
R1000 Rowan University
U1000 UMASS Memorial Medical Center
34495 "The Doctors' Company, An Interinsurance Exchange"
16535 Zurich American Insurance Company
Z0002 Zurich Insurance Company

Medical or Optometry School List for Teaching Appointments

03305 UMDNJ New Jersey Medical School, Newark NJ NJ
03306 UMDNJ Robert W Johnson Medical Sc ool Ne B unswick NJ NJ
03375 UMDNJ School of Osteopathic Medicine Stratford NJ NJ
03546 A ber E ein Co lege of Medic ne of va U e s y, B onx NY NY
03510 B ue spital M dical College, New York NY
03501 Columbia University College of Physicians And Surgeons, New York NY
03543 Fordham Un versity School of Med cine New York NY
03547 Mt Sinai School of Medicine of The City Univers ty of NY New York NY NY
03511 New York Medical College & Hospital For Women, New York NY
03575 NY College of Osteopathic Medicine, Institute of Technology, Old Westbury NY NY
99004 New York College of Podiatric Med cine NY
03509 New York Medical College, Valhalla NY NY
03505 New York Un vers ty Me ical C lege New York NY
03519 New Yo U ivers ty School of Medicine NY NY
06369 SUN ate Co lege o Optometry NY
03548 SUNY at S ony Brook Health Sc ence Cente Stony Brook NY NY
03508 SUNY Health Science Center at Brooklyn Col ege of Medicine Brooklyn NY NY
04115 MCP Hahneman School of Medicine, Ph ade ph a P PA
04107 M d a College of Pennsylv ia Ph ladel h a PA PA
06363 P nns v nia College of Optometry
04177 Philade phia Co lege of Osteopathic M di ine Philadelphia PA PA
04113 Temple Univers ty School of Medicine, Phil de phia PA PA
041 U iv r ty o Pe nsylvania School of Med cine Phi adelphia PA PA

Hospital Codes for Privileges

New rsey

Atl n ic Cit
101 At tic Ci y Med al Cen City Division e
09 1 onn Medica Ce ter
l M ad
2 970 Ca r's East M nt n Hosp tal
51806 F d ti n
ll vi
10701 C M ss Me ical Center
Berkeley eig t
2001 Runnells Specialized Hosp tal of Uni n County
Berlin
10407 Virtua-West Jersey Hospital Berlin
Blackwood
22265 Camden Co nty Health Services Center
Boonton Townsh p
21403 S i t Clare s Hospital/ Boonton
Brick
11505 Ocea Medical Center
Bridgeton
106 1 Sou Jersey Hospital-Bridgeton
Browns Mills
20301 Deborah Heart and Lung Center
Camden
10402 Cooper Hospital/Unive si y Medical Center
10404 Our Lady of Lourdes Medical Center
Cape May Court House
0501 Burdette Tom in Memorial Hospital Inc.
Cedar Grove
50706 Essex County Hospi al Center
Che ry Hil
10401 K n d M Hosp JFK University Medi Cente
Ch s r
21401 e sle In itute for Rehabilitation Welkind Facili y
D vill
11406 S i t Clar s H spital/Denville Campus o e
01038 St. Clare's Hosp Dover
East O ange
10704 East Orange General Hospital
20726 Kessler Institute for Rehabilitation Inc. East Facility
East Orange
VA13 VA New Jersey Health System, East Orange Campus
Ed so
11201 Anthony M. Yelenesics Community Hospital
22293 Robert Wood Johnson, Jr Rehabilitation Ins itute
Elizabeth
12007 Trinitas Hospital Williamson Street Campus
Elmer
11701 South Jersey Hospital Elmer
Englewood
10202 Englewood Hospital and Medical Center
Flemington
11001 Hunterdon Medical Center
Freehold
11302 CentraState Medical Center
acke sack
10204 kensa k University Medical Center
acke tstown
12101 ke tstown Community Hospital
Hami on
11101 Rob rt Wood Johnson University Hospital at Hamil on
Hammonton
10104 William B. Kessler Memorial Hospital Inc.
Hoboken
10908 St. Mary Hospital
Holmdel
11301 Bayshore Community Hospital
Irvington
10706 Irvington General Hospital
Jersey City
10902 Christ Hospital
10903 Greenville Hospital
10904 Jersey City Medical Center
00000 St. Francis Jersey City
23054 St. Francis Rehabilitation Center
Kearny
10909 West Hudson Hospital
Lakewood
11502 Kimball Medical Center
Lawrenceville
21126 St. Lawrence Rehabilitation Center
Livingston
10710 Saint Barnabas Medical Center
Long Branch
11304 Monmouth Medical Center

Hospital Codes for Privilege , *continued on Page 3.* ⇛

Hospita Codes for Privileges, *continued*

New ersey, continued

Lyons
VA14 VA New Jersey Health System, Lyons Campus
Manahawkin
11504 Southern Ocean County Hospital
Marlton
22252 Marlton Rehabilitation Hospital
10302 Virtua-West Jersey Hospital Marlton
22345 Voorhees Pediatric Rehabilitation Hospital
Montclair
10708 Mountainside Hospital
Morristown
11403 Morristown Memorial Hospital
11404 Morristown Memorial Hospital, Mt. Kemble Division
Mountainside
22249 Children's Specialized Hospital
Mt. Holly
50311 Buttonwood Hospital of Burlington County
Mt. Holly
10301 Virtua Memorial Hospital of Burlington County Inc.
Neptune
11303 Jersey Shore University Medical Center
New Brunswick
11202 Robert Wood Johnson University Hospital
11205 Saint Peter's University Hospital
Newark
22424 Catholic Community Services Mount Carmel Guild
10703 Columbus Hospital
10709 Newark Beth Israel Medical Center
10711 Saint James Hospital
10713 Saint Michael's Medical Center
10702 UMDNJ University Hospital
N wton
11902 Newton Memorial Hospital
North Bergen
10905 Palisades Medical Center of New York
Old Brid e
1120 R itan Ba Me i al Ce ter Ol Bri ge D vis o
Orange
10 05 The o pital Center a Or nge
Paramus
10 01 Berge Regional M dical C nte
Passaic
1160 Bet lsr el Hosp Pas aic
1160 PBI Regi na edical Center
11106 St. ary's osp tal
1160 St. ary's osp tal Pas aic)
Paters n
1160 Barne t osp tal
1160 St. oseph s Hospital and edica enter
Peapack
21 01 The at eny School nd Hospi al Inc.
Perth Amboy
23 98 C re One at Raritan Bay edica enter
1120 R itan Ba Me i al Ce ter Perth Amboy D vis o
Phillipsburg
12 02 Warren Hospita
Pis ataway
22 28 U i ersity Behavi ral Heal hCar
Plainfield
12004 Muhlenberg Regional Medical Center Inc
Point Pleasant
22219 Shore Rehabilitation Institute
Pomona
10101 Atlantic City Medical Center Mainland Division
20125 Bacharach Institute for Rehabilitation
Pompton Plains
11401 Chilton Memorial Hospital
Princeton
22320 Princeton House Behavioral Health
11103 University Medical Center at Princeton
Rahway
12006 Rahway Hospital
Red Bank
11305 Riverview Medical Center
Ridgewood
10211 The Valley Hospital
Saddle Brook
20202 Kessler Institute for Rehabilitation Inc. North Facility
Salem
71702 The Memorial Hospital of Salem County
11702 Memorial Hospital Salem County
Secaucus
10906 Meadowlands Hospital Medical Center
60908 Meadowview Psychiatric Hospital
Somers Point
10103 Shore Memorial Hospital
Somerville
11802 Somerset Medical Center
Stratford
10403 Kennedy Mem Hosp JFK University Medical Center Strafford
Summit
12005 Overlook Hospital
52006 Summit Hospital
Sussex
11903 Saint Clare's Hospital/Sussex
Teaneck
10205 Holy Name Hospital
Tinton Falls
22922 The Rehabilitation Hospital of Tinton Falls
Toms River
22248 Children's Specialized Hospital
11501 Community Medical Center
21525 HealthSouth Rehabilitation Hospital of Toms River
21501 Saint Barnabas Behavioral Health Center Inc
Trenton
11102 Capital Health System at Fuld
11104 Capital Health System at Mercer
11105 St. Francis Medical Center
Turnersville
10802 Kennedy Mem Hosp JFK UMC Washing Twp
Union
12003 Union Hospital
Vineland
22791 Rehabilitation Hospital of South Jersey
10603 South Jersey Hospital Newcomb
Voorhees
10405 Virtura Health System West Jersey
01405 Virtua-West Jersey Hospital Voorhees
Wayne
11603 St. Joseph s Wayne Hospital
West Orange
20725 Kessler Institute for Rehabilitation Inc. Wes Facility
Westampton Township
50310 Hampton Behavioral Health Center
Westwood
10208 Pascack Valley Hospital
Willingboro
10303 Lourdes Medical Center of Burlington County
Woodbury
10801 Underwood-Memorial Hospital
Wyckoff
22391 Ramapo Ridge Psychiatric Hospital

New York

Bronx
1164 Bronx-Lebanon Hospital Center/Fulton Division; Bronx
1178 Bronx-Lebanon Hospital Center/Concourse Division; Bronx
PC02 Bronx Children's Psychiatric Center
PC03 Bronx Psychiatric Center
1175 Calvary Hospital Inc; Bronx
1165 Jacobi Medical Center; Bronx
1172 Lincoln Medical & Mental Health Center; Bronx
1169 Montefiore Medical Center/Henry & Lucy Moses Div; Bronx
3058 Montefiore Med Ctr/Jack D Weiler Hosp of A Einstein College Div; Bronx
1186 North Central Bronx Hospital; Bronx
1168 Our Lady of Mercy Medical Center; Bronx
1181 Our Lady of Mercy Medical Center/Florence D urso Pavilion; Bronx
1176 St Barnabas Hospital; Bronx
1185 Westchester Square Medical Center; Bronx
Brooklyn
1324 Beth Israel Med Ctr Kings Hwy Div; Brooklyn
1286 Brookdale Hospital Medical Center; Brooklyn
VA05 Brooklyn Campus of The VA NY Harbor Healthcare System
PC04 Brooklyn Children's Psychiatric Center
1291 Brooklyn Hospital Center/Caledonian Campus; Brooklyn
1288 Brooklyn Hospital Center/Downtown Campus; Brooklyn
1294 Coney Island Hospital; Brooklyn
1300 Interfaith Medical Center/Jewish Hosp Med Ctr of Brooklyn Div; Brooklyn
1309 Interfaith Medical Center/St Johns Episcopal Hospital Div; Brooklyn
1301 Kings County Hospital Center; Brooklyn
PC12 Kingsboro Psychiatric Center
1315 Kingsbrook Jewish Medical Center; Brooklyn
1302 Long Island College Hospital; Brooklyn
1304 Lutheran Medical Center; Brooklyn

Hospital Codes for Privileges, *continued on Page 4.* ⇛