



51ST EDITION

The Washington Physicians Directory

P.O. Box 4436, Silver Spring, MD 20914 301-384-1506 Fax 301-384-6854 wpd@wpdnetwork.com

M.D./D.O. LISTING FORM

The Washington Physicians Directory is the only information source designed specifically for the health care community servicing the **entire** metropolitan Washington area. (Please take a moment to view our coverage area on the back of this form.) The WPD is trusted and used daily by thousands of your colleagues in the medical profession, yet there is **no charge** for your listing and you are not obligated to purchase a copy. Every December we will mail you, or your practice administrator if you belong to a group, a verification form so you may make corrections, additions, or deletions to your listing for the print edition. You may send corrections at any time for inclusion in the OnLine edition, as that is updated throughout the year.

For your **FREE** listing in our 51st edition, please complete this form and return it in the postage-paid reply envelope; or simply go to www.wpdnetwork.com to submit your listing online. Listings received by January 15 will be included in the upcoming print edition... published March 31 annually... and in our OnLine edition within two weeks. (Please see reverse for additional information.)

GENERAL INFORMATION

Name _____

Medical School _____ Year of Graduation _____

National Provider Identifier (NPI): _____

For information on the NPI visit cms.hhs.gov or nppes.cms.hhs.gov for an application.

*License Number D.C. _____ Maryland _____ Virginia _____

MEDICAL SPECIALTIES & CERTIFICATION INFORMATION

(Maximum of four)

Please check if you are certified and note the organization.

Primary Specialty _____

2nd Specialty _____

3rd Specialty _____

4th Specialty _____

FOREIGN LANGUAGE SECTION

Please list the language(s) in which you are sufficiently fluent to deal with patients on a doctor/patient level or with the assistance of an interpreter. Check if you use an interpreter.

1. _____ 3. _____

2. _____ 4. _____

HEARING IMPAIRED SECTION

I am able to treat patients on a doctor/patient level in American Sign Language (ASL)

Other sign language: _____

I use an interpreter in the office.

I have TDD equipment in the office. The phone number for TDD is _____

GROUP PRACTICE SECTION

I am a full-time member of this group practice:

ADDRESS & PHONE NUMBER INFORMATION

(Maximum of four addresses **or** three addresses and one e-mail address) You may list two other numbers per address. Be certain to code them as follows:

- A**=answering service
- B**=beeper or pager
- C**=cell or car
- E**=emergency
- F**=fax
- M**=metro
- P**=physicians only
- R**=residence
- T**=toll free
- V**=voice mail

Primary Office Address _____

City _____ State _____ Zip+4 _____

Office Phone _____ Other #/Type _____ Other #/Type _____

E-mail Address _____

2nd Office Address _____

City _____ State _____ Zip+4 _____

Office Phone _____ Other #/Type _____ Other #/Type _____

3rd Office Address _____

City _____ State _____ Zip+4 _____

Office Phone _____ Other #/Type _____ Other #/Type _____

4th Office Address _____

City _____ State _____ Zip+4 _____

Office Phone _____ Other #/Type _____ Other #/Type _____

*License number information is not published.

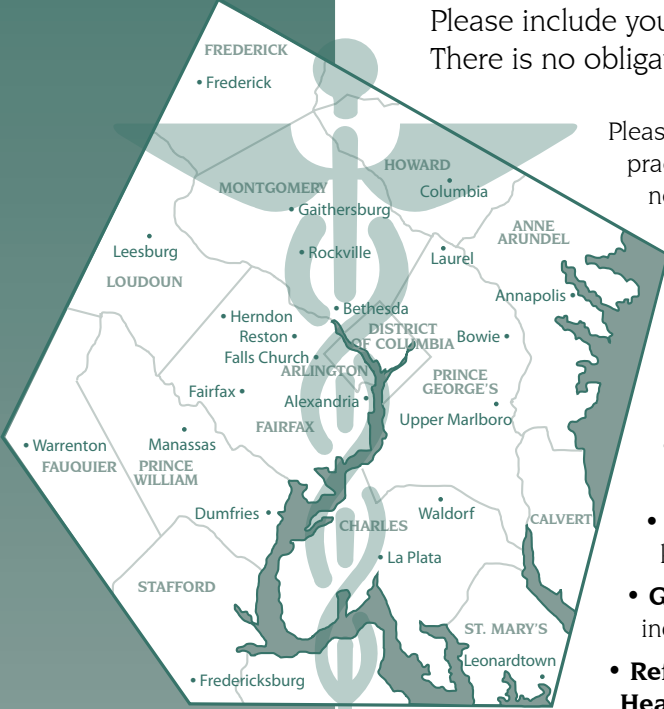
PLEASE SEE REVERSE FOR COVERAGE AREA AND SAMPLE LISTINGS.

Over 11,000 of Your Colleagues Are Listed!

Please include your **FREE Professional Listing.**

There is no obligation to buy anything, now or ever.

Please note our coverage area. If you practice in this area, either in private practice or full-time staff at a hospital, clinic or HMO, your colleagues need your **FREE** professional listing included.



ONE CONVENIENT DIRECTORY Puts M.D.'s & D.O.'s, Hospitals, and Over 60 Additional Health Care Disciplines at Your Fingertips. From beginning to end you'll find:

- **Key to Specialties by Name and by Code** – 200 presently included
- **Hospitals** – 60 included with up to 10 direct-dial numbers for key departments
- **Group & Descriptive Title Practices** – over 1,800 with index to individual listings
- **Referral Services, HMO's/PPO's, Medical Societies, Area Health Resources, Community Health Agencies and Health Related Toll-Free Numbers** – your guide to local and national services
- **Professional Services Guide** – hundreds of listings in 50 service areas, from billing & insurance to laboratories to radiology to travel medicine
- **M.D.'s & D.O.'s** – main section alphabetical, with additional sections broken down by Specialty, Foreign Language, and Hearing Impaired Services
- **Health Professionals** – more than 60 disciplines, from acupuncturists to physical therapists to wellness specialists

WPD M.D./D.O. LISTING GUIDE

10 Deeds Chris H. [1234567891] University of Maryland 1975 <43022>
5 wpd@wpdnetwork.com
2 2141 K St. NW #600, Washington DC 20037-1838 202-296-0003
3 4300 Massachusetts Ave. NW #1003, Washington DC 20016-0991 202-483-8832
4

6 301-251-8121^A 202-296-8949^F
 202-384-0480^F 301-658-3920^C

7 N
8 CHN*
9 SLM†

- NPI - National Provider Identifier. For information on the NPI visit cms.hhs.gov or nppes.cms.hhs.gov.
- Medical School.
- Year of graduation from medical school.
- Group & Descriptive Title Practices Reference Number - Allows you to find the group or the descriptive title practice to which the doctor belongs.
- M.D.'s & D.O.'s may include up to four addresses or three addresses and one e-mail address in their personal listings.
- Other Phone codes are as follows: **A**=answering service; **B**=beeper or pager; **C**=cell or car; **E**=emergency; **F**=fax; **M**=metro; **P**=physicians only; **R**=residence; **T**=toll free; **V**=voice mail.
- M.D.'s & D.O.'s may list up to four medical specialties in their personal listings.
- An asterisk (*) to the right of a specialty indicates the physician has received a general certificate or sub-specialty certificate from an examining board of The American Board of Medical Specialties (ABMS).
- A "+" to the right of a specialty code indicates the physician has received a general certificate or sub-specialty certificate from an organization or an examining board not affiliated with the ABMS, i.e. American Psychoanalytic Association, etc.
- E-mail address.