Paper Survey sample

Survey with Codes

This page was left blank intentionally.

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)

This page was left blank intentionally.

This page was left blank intentionally.

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)

1-151050298-V
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.* ⇛