



National Plan & Provider Enumeration System

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

PDF Generated by: WisleyC24 on 10/01/2024 22:42 Submitted on: 10/01/2024 22:42 Tracking ID: 09292024713433

Section 1: BASIC INFORMATION

NPI:	1134947138
Entity Type:	Organization who renders health care.
Print Date:	10/01/2024
Enumeration Date:	09/30/2024
Certification Date:	10/01/2024

Section 2: PROFILE

Organization Name (Includes Groups, Corporations and Partnerships)	
Employer Identification Number(EIN) XX-XXX2200	Organization Name(Legal Business Name) JCW WELLNESS CLINIC LLC
Is the organization a subpart? N	

Section 3: BUSINESS ADDRESSES AND OTHER INFORMATION

Business Mailing Address Information				
Business Mailing Address: 7392 NW 35th Ter Ste 303, Miami FL 33122-1260, US				
Business Telephone number		Extension	Business Fax Number	
Primary Practice Location Address Information				
Primary Practice Location Address 7392 NW 35th Ter Ste 303, Miami FL 33122-1260, US				
Business Telephone number (786) 424-8589		Extension	Business Fax Number	
Primary Taxonomy Code				
Taxonomy Code	Taxonomy Type	Group Type	License Number	State Issued
251S00000X	Community/ Behavioral Health			

✔ Submission Confirmation.

Thank you. Your application will be processed. **Your Tracking number is : 09292024713433**

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu. (webhelp/nppeshelp/HOME PAGE-SIGN IN PAGE.html)

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Organization Name: JCW WELLNESS CLINIC LLC

Authorized Official: WISLEY CASANOVA MORENO

Contact Person: WISLEY CANOVAS MORENO

Primary Practice Location Address: 7392 NW 35th Ter Ste 303, Miami FL 33122-1260, US

EIN: 994852200

Date Submitted: Sep-29-2024

Contact Email: wisan@jcwmhealth.com

Identity & Access Management System

[? Help](#)

User Registration - User Security

Step 1
User InfoStep 2
User SecurityStep 3
MFA SetupFinal
Review

Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.

* Indicates required field(s)

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* User ID:

WisleyC24

* Password:

..... Medical24!

* Confirm Password:

..... Medical24!

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- Must be 8-12 alphanumeric characters.
- Must not contain your first name or last name.
- Must contain at least one letter.
- Must contain at least one number.
- Must contain at least one valid special character.
- Must not contain any invalid special characters.
- Must not start with numeric characters.
- Must not contain three repeating characters.
- Must not be the same as your User ID.
- Password must match Confirm Password.

Please select five different security questions and enter their answers below:

* Question 1:

What is your SSN issue state? ▼

* Answer 1:

florida

* Question 2:

What is your county of residence? ▼

* Answer 2:

dade

* Question 3:

What was the name of your first pet? ▼

* Answer 3:

loba

* Question 4:

What was the make, model, and year of your first car? ▼

* Answer 4:

toyota

* Question 5:

What is your favorite sport? ▼

* Answer 5:

pelota

Continue

Cancel