



57TH EDITION

THE WASHINGTON PHYSICIANS DIRECTORY

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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 year 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. You may send corrections at any time for inclusion in the OnLine edition, as that is updated throughout the year.

For your **FREE** listing, please complete this form and return it via e-mail or fax; or simply submit your listing online (wpdnetwork.com). Listings received by **November 1st will be included in the upcoming print edition...published March 2020...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): _____ <small>For information on the NPI visit cms.hhs.gov or nppes.cms.hhs.gov for an application.</small> *License Number D.C. _____ Maryland _____ Virginia _____
MEDICAL SPECIALTIES & CERTIFICATION INFORMATION <small>(Maximum of four)</small>	Please check if you are certified and note the organization. Primary Specialty _____ <input type="checkbox"/> 2nd Specialty _____ <input type="checkbox"/> 3rd Specialty _____ <input type="checkbox"/> 4th Specialty _____ <input type="checkbox"/>
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. _____ <input type="checkbox"/> 3. _____ <input type="checkbox"/> 2. _____ <input type="checkbox"/> 4. _____ <input type="checkbox"/>
HEARING IMPAIRED SECTION	<input type="checkbox"/> I am able to treat patients on a doctor/patient level in American Sign Language (ASL) Other sign language: _____ <input type="checkbox"/> I use an interpreter in the office. <input type="checkbox"/> 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 <small>(Maximum of four) 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</small>	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 13,200 of Your Colleagues Are Listed!

Please include your **FREE Professional Listing**.
There is no obligation to buy anything, now or ever.

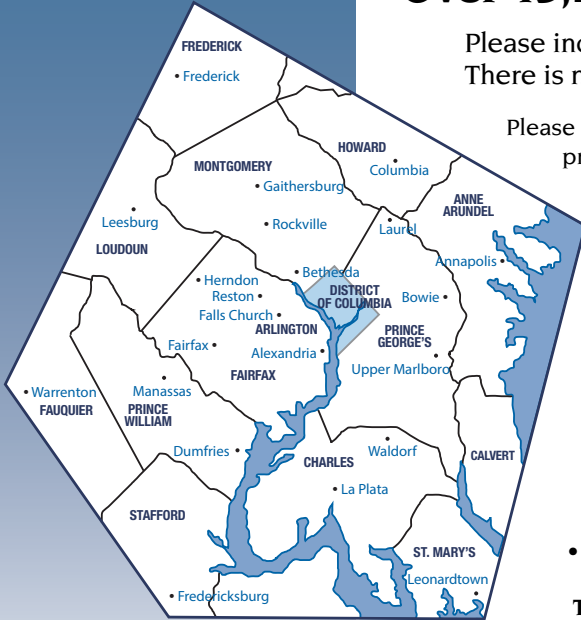
Please note our coverage area. If you practice in this area, either in private practice or full-time staff at a hospital, clinic or HMO, your colleagues need your **FREE** professional listing included.

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** – 70 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, 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

1 Deeds Chris H. [1234567891] University of Maryland 1975 <43022>
2 wpd@wpdnetwork.com
3 2141 K St. NW #600, Washington DC 20037-1838 202-296-0003
4 4300 Massachusetts Ave. NW #1003, Washington DC 20016-0991 202-483-8832
5 301-251-8121^A
6 202-384-0480^F
7 202-296-8949^F
8 202-658-3920^C
9 N CHN* SLM[†]

- 1 NPI - National Provider Identifier. For information on the NPI visit cms.hhs.gov
- 2 Medical School.
- 3 Year of graduation from medical school.
- 4 Group & Descriptive Title Practices Reference Number - Allows you to find the group or the descriptive title practice to which the doctor belongs.
- 5 M.D.'s & D.O.'s may include up to four addresses or three addresses and one e-mail address in their personal listings.
- 6 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.
- 7 M.D.'s & D.O.'s may list up to four medical specialties in their personal listings.
- 8 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).
- 9 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 ABMS, i.e. American Psychoanalytic Association, etc.
- 10 E-mail address.