

## NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

PDF Generated by: NakedHealth on 08/24/2025 00:49	Tracking ID: 06082025188446
NPI Enumeration Date: 06/30/2025	Certification Date: 08/24/2025

### Section 1: BASIC INFORMATION

**A. Reason for Submittal of this Form:** Active Application

**B. Entity Type:** Organization who renders health care.

**C. NPI:** 1639068315

### Section 2: PROFILE




Organization Name (includes Groups, Corporations and Partnerships)	
Employer Identification Number(EIN) XX-XXX9060	Organization Name(Legal Business Name) NakedHealth.ai
Is the organization a subpart? N	

Other Name Information	
Other Organization Information	Type Of Other Name

Authorized Official's Information			
Prefix Dr.	First Francis	Middle	Last Manno
Suffix	Credential DPhil, PhD	Title / Position Director	
Telephone Number (757) 819-7630	Extension		

### Section 3: BUSINESS ADDRESSES AND OTHER INFORMATION

Business Mailing Address Information (Correspondence Address)		
Business Mailing Address: PO Box 597, Avon NC 27915-0597, US		
Business Telephone number	Extension	Business Fax Number

Business Practice Location Information								
Primary	Address	Country	Office Hours	Telephone number	Language Spoken	Office 	Exam Rooms 	Medical Equipment 
Y	42195 Shallow Point Dr, Avon NC 27915, US	US	Mon 9:00 AM - 9:00 PM Tue 9:00 AM - 9:00 PM Wed 9:00 AM - 9:00 PM Thu 9:00 AM - 9:00 PM Fri 9:00 AM - 9:00 PM	(757) 819-7630	Spanish, English	No	No	No

Health Information Exchange						
Endpoint Type	Endpoint	Endpoint Description	Endpoint Use	Endpoint Content Type	Affiliation	Endpoint Location
FHIR URL	http://fhir.nakedhealth.ai/	Basic sandbox	Health Information Exchange (HIE)	CSV		42195 Shallow Point Dr, Avon NC 27915, US

Other Identifiers		
Issuer	State Issued	Number

Provider Taxonomy Code					
Primary	Taxonomy Code	Taxonomy Type	Group Type	License Number	State Issued
N	251E00000X	Home Health			
N	253Z00000X	In Home Supportive Care			
Y	261QM2500X	Clinic/Center - Medical Specialty			

### Section 4: Contact Person

Contact Person				
Primary	Prefix Dr.	First Francis	Middle	Last Manno
Y	Suffix	Credential	Title / Position	

		DPhil, PhD	Director
	<b>Telephone Number</b> (757) 819-7630	<b>Extension</b>	<b>Email Address</b> bare@nakedhealth.ai