

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

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Section 1: BASIC INFORMATION

A. Reason for Submittal of this Form: Active Application

B. Entity Type: An individual who renders health care. **Is the individual a sole proprietor?:** Y

C. NPI: 1215826144

Section 2: PROFILE

Individuals (include Sole Proprietorships and Incorporated Individuals)	
Name Dr. Francis Manno	
Tax Identification Number(TIN) XXX-XX-9190	
Suffix	
Credentials DPhil, PhD	

Demographic Information	
Ethnicity Hispanic, Latino/a or Spanish Origin	Ethnicity Sub Puerto Rican
Race White	Race Sub
Primary Language Yes	Language English
No	Spanish

Other Name Information						
Prefix	First	Middle	Last	Suffix	Credentials	Type of Other Name

Section 3: BUSINESS ADDRESSES AND OTHER INFORMATION

Business Mailing Address Information (Correspondence Address)		
Business Mailing Address: Nakedhealth Ai, PO Box 597, Avon NC 27915-0597, US		
Business Telephone number (757) 819-7630	Extension	Business Fax Number

Business Practice Location Information								
Primary	Address	Country	Office Hours	Telephone number	Language Spoken	Office ♿	Exam Rooms ♿	Medical Equipment ♿
Y	39308 WAHOO CIRCLE, AVON NC 27915, US	US	Mon 9:00 AM - 5:30 PM Tue 9:00 AM - 5:30 PM Wed 9:00 AM - 5:30 PM Thu 9:00 AM - 5:30 PM Fri 9:00 AM - 5:30 PM	(252) 256-3977	English, Spanish	No	No	No

Health Information Exchange						
Endpoint Type	Endpoint	Endpoint Description	Endpoint Use	Endpoint Content Type	Affiliation	Endpoint Location

Other Identifiers		
Issuer	State Issued	Number

Provider Taxonomy Code					
Primary	Taxonomy Code	Taxonomy Type	Group Type	License Number	State Issued
Y	2085R0205X	Radiology - Radiological Physics		MAXF831112HNENXR07	ZZ

Section 4: Contact Person

Contact Person				
Primary	Prefix	First	Middle	Last
		Francis		Manno

Y	Suffix	Credential	Title / Position	
	Telephone Number (757) 819-7630	Extension	Email Address bare@nakedhealth.ai	