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Continuous Query ID: 300000007280995

DCN: 7950000146051824

DOE, JOHN J JR
For authorized use by:
TEST HOSPITAL

DOE, JOHN J JR - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JOHN J JR

Date of Birth: 04/22/1950 Gender: MALE

Organization Name: ORGANIZATION NAME

Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)
Work Address: SAMPLE STREET, RESTON, VA 11111
Home Address: SAMPLE ST, RESTON, VA 11111

Social Security Number: ***-**-1000

License: COUNSELOR, MENTAL HEALTH, 12345678910, VA

Professional School(s): SAMPLE UNIVERSITY (1974)
SAMPLE UNIVERSITY (1970)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 05/16/2019 - 05/31/2020*

* Unless enrollment is canceled by the entity prior to this date

Statutes Queried: Title IV; Section 1921; Section 1128E

Entity Name: TEST HOSPITAL (DBID ending in ...03)

Authorized Submitter: JANE SMITH, CERTIFIER, (222) 333-4444

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/16/2019

The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports Health Plan Action(s): No Reports State Licensure Action(s): No Reports Professional Society Action(s): No Reports Exclusion or Debarment Action(s): No Reports DEA/Federal Licensure Action(s): No Reports Government Administrative Action(s): No Reports Judgment or Conviction Report(s): No Reports Clinical Privileges Action(s): No Reports Yes, See Below Peer Review Organization Action(s):

TEST HOSPITAL

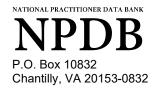
TITLE IV CLINICAL PRIVILEGES

Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action: - REDUCTION OF CLINICAL PRIVILEGES Date of Action: 10/01/2011

DCN: 7950000146051738

------ Unabridged Report(s) Follow ------



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A. REPORTING

ENTITY

DCN: 7950000146051738 **Process Date:** 05/14/2019

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DOE, JOHN J JR

TEST HOSPITAL

- REDUCTION OF CLINICAL PRIVILEGES

- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Address: SUPERVISOR, PROVIER CREDENTIALING

30 W. SPRING STREE, LEVEL 21

City, State, Zip: COLUMBUS, OH 43215-2256

Country:

Name or Office: JANE SMITH Title or Department: CERTIFIER

Telephone: (333) 444-5555

Entity Name: TEST HOSPITAL *

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

Entity Name: TEST HOSPITAL Address: SAMPLE STREET

City, State, Zip: SAMPLE CITY, VA 11111

Country:

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: DOE, JOHN J JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 04/22/1950

Organization Name: ORGANIZATION NAME
Work Address: SAMPLE STREET
City, State, ZIP: RESTON, VA 11111
Home Address: SAMPLE STREET
City, State, ZIP: RESTON, VA 11111

Deceased: NO

Social Security Numbers (SSN): ***-**-1000

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: SAMPLE UNIVERSITY (1974)

SAMPLE UNIVERSITY (1970)

Occupation/Field of Licensure: COUNSELOR, MENTAL HEALTH

State License Number, State of Licensure: 12345678910, VA

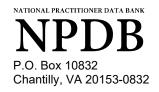
Drug Enforcement Administration (DEA) Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:



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Nature	οf	Relation	shin	(e)·

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

(E1)

Adverse Action

Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640)

Date Action Was Taken: 09/11/2011 Date Action Became Effective: 10/01/2011

Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity: SUBMITTED REQUEST FOR INSURANCE PAYMENT FOR SERVICES NOT

RENDERED.

D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in t	his section.		
	Unless a box below is checked, the subject of this report identified in Section B has not contested this report.			
	This report has been disputed by the subject identified in Section B.			
	At the request of the subject identified in Section B, this report is being reviewed by the U.S. Department of Health and Human Services to determine its accuracy and/or who reporting requirements. No decision has been reached.			
		At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that he Secretary reconsider the original decision.		
	At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:			
	Date of Original Submission: 05/14/2019			
	Date of Most Recent Change: 05/14/2019			

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT