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**DCN:** 7950000146051742 Process Date: 05/14/2019

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

## DOE, JOHN J JR

## TEST HOSPITAL

## TITLE IV CLINICAL PRIVILEGES ACTION

**Initial Action** 

**Basis for Initial Action** 

**Date of Action:** 10/01/2011

- REDUCTION OF CLINICAL PRIVILEGES

- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

A. REPORTING ENTITY

Entity Name: TEST HOSPITAL

Address: SUPERVISOR, PROVIER CREDENTIALING

30 W. SPRING STREE, LEVEL 21

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

Country:

Name or Office: DANA SMITH
Title or Department: COORINATOR

Telephone: (333) 333-3333

Entity Internal Report Reference:

Type of Report: INITIAL

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:

Nature of Relationship(s):

C. INFORMATION REPORTED

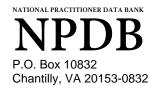
Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

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

(E1)

Adverse Action

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



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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

Reasons for Action(s) Ta	ken and Description of Action(s) Take by Reporting Entit	
D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.	
E. REPORT STATUS	This report has been disputed  At the request of the subject i U.S. Department of Health ar reporting requirements. No d  At the request of the subject i Department of Health and Hu the Secretary reconsider the	dentified in Section B, this report was reviewed by the Secretary of the U.S. man Services and a decision was reached. The subject has requested that
	Date of Original Submission:	05/14/2019
	Date of Most Recent Change:	05/14/2019
The information containe provisions of Title IV of P	ublic Law 99-660, as amended, a	IV  The National Practitioner Data Bank for restricted use under the land 45 CFR Part 60. All information is confidential and may be used only see of confidential information for other purposes is a violation of federal
law. For additional inform	nation or clarification, contact the r	eporting entity identified in Section A.

— END OF REPORT —