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DCN: 7950000134819516 Process Date: 06/14/2018

Basis for Initial Action

Page: 1 of 3 PUBLIC, JOHN Q. For authorized use by: TEST ORGANIZATION

PUBLIC, JOHN Q.

TEST ORGANIZATION

CORRECTION TO MEDICAL MALPRACTICE PAYMENT **REPORT**

Initial Action

Date of Action: 02/02/2013

- SETTLEMENT

- DELAY IN TREATMENT

A. REPORTING **ENTITY**

Entity Name: TEST ORGANIZATION Address: 333 TESTING ST

City, State, Zip: WASHINGTON, DC 20000

Country:

Name or Office: JOHN DOE Title or Department: TECHNICIAN

Telephone: (333) 444-5555 Entity Internal Report Reference: ABC000123

Type of Report: CORRECTION

Previous Report Number: 7950000134819502 (Please destroy all copies of the

previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUBLIC, JOHN Q.

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/02/1950

Organization Name: TEST ORGANIZATION Work Address: 333 TESTING ST City, State, ZIP: WASHINGTON, DC 20000 Home Address: 100 HOME STREET City, State, ZIP: CITY, VA 12345

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-9999 National Provider Identifiers (NPI): 1234567893

Professional School(s) & Year(s) of Graduation: PROFESSIONAL SCHOOL (1980)

Occupation/Field of Licensure (Code): CHIROPRACTOR State License Number, State of Licensure: NO LICENSE, AL

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): GENERAL HOSPITAL

SPRINGFIELD, VA

C. INFORMATION **REPORTED**

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Date of Report: 06/14/2018

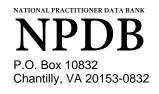
Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1,453.32 Date of This Payment: 02/02/2013



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This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,453.32 Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 02/05/2013

Adjudicative Body Case Number: Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: DESCRIPTION OF THE SETTLEMENT

Total Number of Claimants Included in The Settlement: 2

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 1,453.32

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: UNKNOWN

Amount Paid or Expected to Be Paid by the State Fund: Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

UNKNOWN This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Primary Claimant's Age at Time of Initial Event: UNKNOWN

Primary Claimant's Gender: MALE

Primary Claimant's Type: OUTPATIENT

Description of the Medical Condition With Which the

Primary Claimant Presented for Treatment: DESCRIPTION OF THE CONDITION Description of the Procedure Performed: DESCRIPTION OF THE PROCEDURE

Nature of Allegation: TREATMENT RELATED (060) Specific Allegation: DELAY IN TREATMENT (202)

Date of Event Associated With Allegation or Incident: 02/02/2012

* Outcome: EMOTIONAL INJURY ONLY (01)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: DESCRIPTION OF THE INJURY

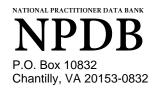
D. SUBJECT **STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Queriers, please note:

The practitioner/subject entered the statement shown below in response to an earlier version of this report. The reporting entity changed the report after the practitioner/subject prepared the statement. As of the date this query response was processed, the practitioner/subject has not changed the statement in response to the changes in the report.

Date Submitted: 06/14/2018 I DISPUTE THIS REPORT



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E. REPORT STATUS	Unless a box below is checked, th	e subject of this report identified in Section B has not contested this report.
	This report has been dispute	d by the subject identified in Section B.
		identified in Section B, this report is being reviewed by the Secretary of the nd Human Services to determine its accuracy and/or whether it complies with decision has been reached.
		identified in Section B, this report was reviewed by the Secretary of the U.S. uman Services and a decision was reached. The subject has requested that 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:	
	entered the statement shown belo	of Health and Human Services reviewed an earlier version of this report and w. After the Dispute Resolution decision and statement were entered, the t. The Secretary has not reviewed the current version of the report.
	Date Submitted: THIS DISPUTE HAS BEEN DEN	06/14/2018 TED
	Date of Original Submission:	06/14/2018
	Date of Most Recent Change:	06/14/2018
This report is maintaine	ed under the provisions of: Title	· IV
The information contained provisions of Title IV of P for the purpose for which	d in this report is maintained by the ublic Law 99-660, as amended, a it was disclosed. Disclosure or u	ne National Practitioner Data Bank for restricted use under the and 45 CFR Part 60. All information is confidential and may be used only se of confidential information for other purposes is a violation of federal reporting entity identified in Section A.
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