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DCN: 7950000146051818 **Process Date:** 05/15/2019

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

DOE, JOHN J JR - ONE-TIME 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

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. QUERY INFORMATION

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

Query Type: This is a One-Time query response. Your organization will only receive future

reports on this practitioner if another query is submitted.

Entity Name: TEST HOSPITAL (DBID ending in ...03)
Authorized Submitter: BUD SPOT, VP, 12346785 542-2222

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/15/2019

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): Yes, See Below Peer Review Organization Action(s): No Reports

TEST HOSPITAL

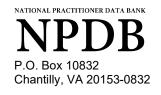
TITLE IV CLINICAL PRIVILEGES

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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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

123 SAMPLE STREET

City, State, Zip: RESTON, VA 11111

Country:

Name or Office: JANE SMITH Title or Department: CERTIFIER

Telephone: (333) 444-5555

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

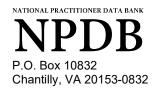
Drug Enforcement Administration (DEA) Numbers:

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 of Relationship(s):	
	TITLE IV CLINICAL PRIVILEGES INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE) (E1)
Adverse Action Classification Code(s): Date Action Was Taken: Date Action Became Effective: Length of Action: 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:	REDUCTION OF CLINICAL PRIVILEGES (1640) 08/15/2011 10/01/2011
D. SUBJECT STATEMENT If the subject identified in Section B or	f this report has submitted a statement, it appears in this section.
This report has been disputed by At the request of the subject ide U.S. Department of Health and reporting requirements. No decomposition At the request of the subject ide Department of Health and Human the Secretary reconsider the ori At the request of the subject ide	entified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that
Date of Wost Nederit Ghange.	03/14/2013
for the purpose for which it was disclosed. Disclosure or use law. For additional information or clarification, contact the rep	National Practitioner Data Bank for restricted use under the I 45 CFR Part 60. All information is confidential and may be used only of confidential information for other purposes is a violation of federal