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DCN: 7950000146051760 Process Date: 05/15/2019

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DOE, JOHN

TEST REPORTER

PEER REVIEW ORGANIZATION ACTION

Initial Action

Basis for Initial Action

Date of Action: 03/03/2009

- RECOMMENDATION TO SANCTION

- IMPROPER OR ABUSIVE BILLING PRACTICES

A. REPORTING **ENTITY**

Entity Name: TEST REPORTER

Address: 7555 TEST ST

City, State, Zip: WASHINGTON, DC 20000

Country:

Name or Office: JANE SMITH Title or Department: CERTIFIER

Telephone: (222) 333-4444

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN

Other Name(s) Used:

Gender: MALE

Date of Birth: 12/13/1946

Organization Name: ACME ORGANIZATION Work Address: 123 MAIN STREET

SUITE 400

City, State, ZIP: FAIRFAX, VA 22033-4321

Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)

Other, as Specified: THIS IS A SPECIAL ORGANIZATION

Home Address: 1ST AVENUE

APT # 123

City, State, ZIP: FAIRFAX, VA 22033-1234

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-7890 National Provider Identifiers (NPI): 1245319599

Professional School(s) & Year(s) of Graduation: ACME UNIVERSITY (2002)

Occupation/Field of Licensure: DENTIST

State License Number, State of Licensure: VA123, VA

Specialty: ORAL AND MAXILLOFACIAL RADIOLOGY

Occupation/Field of Licensure: DENTIST State License Number, State of Licensure: 45334, MD

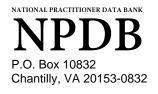
Specialty: ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Drug Enforcement Administration (DEA) Numbers: 1234567890

Unique Physician Identification Numbers (UPIN):

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

the Reported Action.): HOSPITAL



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Business Address of Affiliate: 456 MAIN STREET SUITE 111 City, State, ZIP: RESTON, VA 28281-1234 Nature of Relationship(s): OTHER RELATIONSHIP - NOT CLASSIFIED, SPECIFY (999) Other, as Specified: THIS IS A RELATIONSHIP C. INFORMATION Type of Adverse Action: PEER REVIEW ORGANIZATION **REPORTED** Basis for Finding: IMPROPER OR ABUSIVE BILLING PRACTICES (55) Type of Negative Finding: RECOMMENDATION TO SANCTION (1830) Date of Finding: 03/03/2009 Description of Finding: NARRATIVE DESCRIPTION D. SUBJECT If the subject identified in Section B of this report has submitted a statement, it appears in this section. **STATEMENT E. REPORT STATUS** 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 Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with 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 the 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: 05/15/2019 Date of Most Recent Change: 05/15/2019 This report is maintained under the provisions of: Section 1921 The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, 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 =