

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
Work Address: SAMPLE STREET, RESTON, VA 11111
Home Address: SAMPLE STREET, RESTON, VA 11111
Social Security Number: ***-**-1000
License: COUNSELOR, MENTAL HEALTH, 12345678910, VA
Professional School(s): SAMPLE UNIVERSITY (1974)
 SAMPLE UNIVERSITY2 (1970)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

NPDB Enrollment Status: Enrolled - 10/04/2012 - 10/31/2013*
HIPDB Enrollment Status: Not Enrolled
 * Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV (NPDB), Section 1921 (NPDB)
Authorized Submitter: TEST SUBMITTER, SUBMITTER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/04/2012

The following report types have been searched:

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

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:	7940000075289847		

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

DOE, JOHN J JR

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 10/01/2011

Initial Action

Basis for Initial Action

- REDUCTION OF CLINICAL PRIVILEGES

- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

A. REPORTING ENTITY

Entity Name: TEST HOSPITAL
Address: 324 TESTING ROAD
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of Office: DANA SMITH
Title or Department: COORDINATOR
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
Professional School(s) & Year(s) of Graduation: SAMPLE UNIVERSITY (1974)
SAMPLE UNIVERSITY2 (1970)
Occupation/Field of Licensure (Code): 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)
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 this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 10/03/2012

Date of Most Recent Change: 10/03/2012

This report is maintained under the provisions of: Title IV (NPDB)

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END OF REPORT