

DOE, JOHN

TEST REPORTER

PEER REVIEW ORGANIZATION ACTION

Date of Action: 03/03/2009

Initial Action

Basis for Initial Action

- RECOMMENDATION TO SANCTION

- IMPROPER OR ABUSIVE BILLING PRACTICES

A. REPORTING ENTITY

Entity Name: TEST REPORTER
Address: 555 TEST ST
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of 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: DOE, JOHN J JR
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): 123456789
Social Security Numbers (SSN): ***-**-7890
National Provider Identifiers (NPI): 1234567890
Professional School(s) & Year(s) of Graduation: ACME UNIVERSITY (2002)
Occupation/Field of Licensure (Code): DENTIST
State License Number, State of Licensure: VA123, VA
Specialty: ORAL AND MAXILLOFACIAL RADIOLOGY
Occupation/Field of Licensure (Code): DENTIST
State License Number, State of Licensure: 45334, MD
Specialty: ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS
Drug Enforcement Administration (DEA) Numbers: 123456897987
Unique Physician Identification Numbers (UPIN): 484848
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
BAD HOSPITAL
Business Address of Affiliate: 456 MAIN STREET
SUITE 111

City, State, ZIP: FAIRFAX, VA 28281-1234
Nature of Relationship(s): OTHER RELATIONSHIP - NOT CLASSIFIED, SPECIFY (999)
Other, as Specified: THIS IS A RELATIONSHIP

C. INFORMATION REPORTED

Type of Adverse Action: PEER REVIEW ORGANIZATION
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 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: 10/11/2012
Date of Most Recent Change: 10/11/2012

This report is maintained under the provisions of: Section 1921 (NPDB)

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END OF REPORT