

PUBLIC, JOHN

TEST ORGANIZATION

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 02/02/2003

Initial Action

Basis for Initial Action

- JUDGMENT

- DELAY IN TREATMENT

A. REPORTING ENTITY

Entity Name: TEST ORGANIZATION
Address: 333 TESTING ST
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of Office: JON DOE
Title or Department: TECHNICIAN
Telephone: (333) 444-5555
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUBLIC, JOHN
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
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):

C. INFORMATION REPORTED

Date of Report: 10/03/2012
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 453.32
Date of This Payment: 02/02/2003
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 453.32
Payment Result of: JUDGMENT
Date of Judgment or Settlement, if Any: 02/02/2003
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number:

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: DESCRIPTION OF JUDGMENT AND CONDITIONS.

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

Patient's Age at Time of Initial Event: UNKNOWN
Patient's Gender: MALE
Patient Type: OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: DESCRIPTION.
Description of the Procedure Performed: DESCRIPTION.
Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: DELAY IN TREATMENT (202)
Date of Event Associated With Allegation or Incident: 02/02/2002
Outcome: EMOTIONAL INJURY ONLY (01)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: 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: 10/03/2012
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
