

**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  
**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. QUERY INFORMATION**

**Statutes Queried:** Title IV (NPDB), Section 1921 (NPDB)  
**Query Type:** This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
**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):	<b>Yes, See Below</b>		

**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**