

ADVERSE ACTION REPORT

PEER REVIEW ORGANIZATION

Report Number 793000056119231

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

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.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY
Address: 10 TEST LANE
City, State, ZIP: FAIRFAX, VA 22033
Entity Internal Report Reference
(e.g., claim number):
Name or Office: JANE DOE
Title or Department: TESTER
Telephone: (111)222-3333
Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN R
Other Name(s) Used: DOE, JOHN RICHARD JR
Gender: MALE
Date of Birth: 05/05/1975
Organization Name: HEALTH ORGANIZATION
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 12221
Country:
Organization Type: MEDICAL GROUP/PRACTICE (365)
Other, as Specified:
Home Address: 444 ELM STREET
City, State, ZIP: CLEMSON, SC 12221
Country:
Deceased: NO
Date of Death:
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): 123-45-7890
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: ACME SCHOOL 2000

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: SC1234, SC

Other, as Specified:

Specialty: DERMATOLOGY (20)

Drug Enforcement Administration (DEA) Numbers: 978678968976

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.): AFFILIATED ENTITY

Business Address of Affiliate: 333 MAPLE STREET

City, State, ZIP: CLEMSON, SC 12221

Country:

Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: PEER REVIEW ORGANIZATION

Basis for Finding: IMPROPER OR ABUSIVE BILLING PRACTICES (55)

Other, as Specified:

Type of Negative Finding: RECOMMENDATION TO SANCTION (1830)

Other, as Specified:

Date of Finding: 09/12/2009

Description of Findng: 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 one or more boxes below are 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: 09/30/2009

Date of Most Recent Change: 09/30/2009

END OF REPORT