

QUERY RESPONSE

This query was processed under the provisions of:

Title IV (NPDB) Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
State Licensure Action(s):	No Reports	Clinical Privileges Action(s):	No Reports
Professional Society Action(s):	No Reports	Exclusion or Debarment Action(s):	No Reports

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name: DOE, JOHN RICHARD
Gender: MALE
Date of Birth: 01/09/1955
Other Name(s) Used:
Organization Name:
Organization Type:
Work Address:
City, State, ZIP:
Home Address: 123 MAIN ST.
City, State, ZIP: CITY, OH 45458
Social Security Numbers (SSN): ***-**-4234
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation:
Occupation/Field of Licensure (Code): CLINICAL NURSE SPECIALIST (141)
State License Number, State of Licensure: NO LICENSE
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. ENTITY INFORMATION

Entity Name: QUERYING ENTITY (DBID ending in ...36)
Authorized Agent:
Authorized Submitter's Name: JANE DOE
Authorized Submitter's Title: ADMINISTRATOR
Authorized Submitter's Telephone: (555) 123-6666 Ext. 12345