

## 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	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges 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: 01/01/1955  
Other Name(s) Used:  
Organization Name:  
Organization Type: HOME HEALTH AGENCY/ORGANIZATION (393)  
Work Address: 123 MAIN STREET  
APT. 5  
LITTLE ROCK, AR 44444  
City, State, ZIP:  
Home Address:  
City, State, ZIP:  
Social Security Numbers (SSN):  
Individual Taxpayer Identification Numbers (ITIN):  
Professional School(s) & Year of Graduation: ACME (1985)  
Occupation/Field of Licensure (Code): DIETICIAN (200)  
State License Number, State of Licensure: NO LICENSE, AR  
Drug Enforcement Administration (DEA) Numbers: 123456789123 123456789123  
National Provider Identifiers (NPI): 123456789  
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: (111) 222-3333