

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.)

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	7930000052535559
State Licensure Action(s):	7930000052535568 7930000052535570
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	7930000052535683
Health Plan Action(s):	None
Professional Society Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	7930000052535556 7930000052535578

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

Subject Name: DOE, JOHN RICHARD JR
Gender: MALE
Date of Birth: 05/05/1975
Other Name(s) Used:
Organization Name: DENTAL ORGANIZATION
Organization Type: DENTAL GROUP/PRACTICE (362)
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 12121
Home Address: 444 ELM STREET
City, State, ZIP: CLEMSON, SC 12221
Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
Professional School(s) & Year of Graduation: ACME SCHOOL (2000)
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 123456789, SC
Specialty: DENTAL: PUBLIC HEALTH (D2)
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI): 1234567890
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. ENTITY INFORMATION

Entity Name: QUERYING ENTITY (DBID ending in ...40)
Authorized Agent:
Authorized Submitter's Name: MARY MILLER
Authorized Submitter's Title: ENTITY USER
Authorized Submitter's Telephone: (111) 222-3333 Ext. 66666

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 7930000052535559

This report is maintained under the provisions of:

Title IV (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 Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY *

Address: 111 PARK STREET

City, State, Zip: ALEXANDRIA, VA 11111

Country:

Entity Internal Report Reference
(e.g., claim number):

Name of Office: JANE DOE

Title or Department: ADMINISTRATOR

Telephone: (111) 222-3333

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME

Address: 777 PINE STREET

City, State, Zip: PHILADELPHIA, PA 11111-3333

Country:

Name of Office: JOE SMITH

Title or Department: SUPERVISOR

Telephone: (111) 222-3333

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN RICHARD JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 05/05/1975

Organization Name: NURSES ORGANIZATION

Work Address: 222 MAPLE DRIVE

City, State, ZIP: FAIRFAX, VA 55225

Country:

Home Address:

City, State, ZIP:

Country:

Deceased: UNKNOWN

Date of Death:

Social Security Numbers (SSN): 123-45-6789

Professional School(s) & Year(s) of Graduation: ACME SCHOOL (2000)

Occupation/Field of Licensure (Code): NURSE ANESTHETIST (110)

State License Number, State of Licensure: 123456789, SC

Other, as Specified:

Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 01/06/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 200.00

Date of This Payment: 01/11/2008

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 200.00

Payment Result of: PAYMENT PRIOR TO SETTLEMENT

Date of Judgment or Settlement, if Any:

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 OR SETTLEMENT

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: \$ 200.00

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: 10 MONTHS

Patient's Gender: FEMALE

Patient Type: UNKNOWN

Description of the Medical Condition With Which the Patient

Presented for Treatment: DESCRIPTION OF THE MEDICAL CONDITION

Description of the Procedure Performed: DESCRIPTION OF THE PROCEDURE PERFORMED

Nature of Allegation: MONITORING RELATED (070)

Specific Allegation: FAILURE TO TREAT FETAL DISTRESS (104)

Other Specific Allegations:

Date of Event Associated With Allegation or Incident: 01/01/2008

Outcome: MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: DESCRIPTION OF THE ALLEGATIONS AND INJURIES OR ILLNESSES
UPON WHICH THE ACTION OR CLAIM WAS BASED

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 01/07/2009
I am the subject. This is my statement.

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: 01/06/2009
Date of Most Recent Change: 01/06/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 7930000052535568

This report is maintained under the provisions of:

Title IV (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 Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. This report also is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. 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: 111 PARK STREET
City, State, Zip: ALEXANDRIA, VA 11111
Country:
Entity Internal Report Reference
(e.g., claim number): REF123
Name of Office: JANE DOE
Title or Department: ADMINISTRATOR
Telephone: (111) 222-3333
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME
Address: 777 PINE STREET
City, State, Zip: PHILADELPHIA, PA 11111-3333
Country:
Name of Office: JOE SMITH
Title or Department: SUPERVISOR
Telephone: (111) 222-3333

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: DENTAL ORGANIZATION
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 12121
Country:
Organization Type: DENTAL GROUP/PRACTICE (362)
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): 123456789

Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
National Provider Identifiers (NPI): 1234567890
Professional School(s) & Year(s) of Graduation: ACME SCHOOL (2000)
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 123456789, SC
Other, as Specified:
Specialty: DENTAL: PUBLIC HEALTH (D2)
Drug Enforcement Administration (DEA) Numbers:
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.):
Business Address of Affiliate:
City, State, ZIP:
Country:
Nature of Relationship(s):
Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE
Basis for Action: FAILURE TO COMPLY WITH HEALTH AND SAFETY REQUIREMENTS
(31)
Other, as Specified:
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: TEST AGENCY
Adverse Action
Classification Code(s): SUSPENSION OF LICENSE (1135)
Other, as Specified:
Date Action Was Taken: 01/05/2007
Date Action Became Effective: 01/05/2007
Length of Action: SPECIFIC PERIOD
Years: 1
Months: 7
Days: 0
Total Amount of Monetary Penalty,
Assessment and/or Restitution: \$ 500.00
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION
REPORT WHEN STATUS CHANGES)
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: DESCRIPTION OF ACT(S) OR OMISSION(S) OR OTHER REASONS
FOR ACTION TAKEN
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of the Patient?: YES

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 01/30/2007

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: 01/07/2009

Date of Most Recent Change: 01/07/2009

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANKS

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 7930000052535570

This report is maintained under the provisions of:

Title IV (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 Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. This report also is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. 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: 111 PARK STREET
City, State, Zip: ALEXANDRIA, VA 11111
Country:
Entity Internal Report Reference
(e.g., claim number): REF12345
Name of Office: JANE DOE
Title or Department: ADMINISTRATOR
Telephone: (111) 222-3333
Type of Report: CORRECTION OF REVISION TO ACTION
Related Report Number: 7930000052535568

*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME
Address: 777 PINE STREET
City, State, Zip: PHILADELPHIA, PA 11111-3333
Country:
Name of Office: JOE SMITH
Title or Department: SUPERVISOR
Telephone: (111) 222-3333

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: DENTAL ORGANIZATION
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 12121
Country:
Organization Type: DENTAL GROUP/PRACTICE (362)
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): 123456789
Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
National Provider Identifiers (NPI): 1234567890
Professional School(s) & Year(s) of Graduation: ACME SCHOOL (2000)
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 123456789, SC
Other, as Specified:
Specialty: DENTAL: PUBLIC HEALTH (D2)
Drug Enforcement Administration (DEA) Numbers:
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.):
Business Address of Affiliate:
City, State, ZIP:
Country:
Nature of Relationship(s):
Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: TEST AGENCY
Adverse Action
Classification Code(s): REDUCTION OF PREVIOUS LICENSURE ACTION (1295)
Other, as Specified:
Date Action Was Taken: 01/05/2007
Date Action Became Effective: 01/05/2007
Length of Action: SPECIFIC PERIOD
Years: 1
Months: 5
Days: 0
Total Amount of Monetary Penalty,
Assessment and/or Restitution: \$ 500.00
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION
REPORT WHEN STATUS CHANGES)
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: DESCRIPTION OF ACT(S) OR OMISSION(S) OR OTHER REASONS
FOR ACTION TAKEN
Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of the Patient?: YES

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 01/30/2007

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 01/07/2009
I am the subject. This is my statement.

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: 01/07/2009
Date of Most Recent Change: 01/07/2009

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANKS

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT

ADVERSE ACTION REPORT

TITLE IV CLINICAL PRIVILEGES ACTION

Report Number 7930000052535683

This report is maintained under the provisions of:

Title IV (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 Title IV of Public Law 99-660, as amended; 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 ENT. SUCCESSOR NEW NAME
Address: 777 PINE STREET
City, State, ZIP: PHILADELPHIA, PA 11111-3333
Entity Internal Report Reference (e.g., claim number): ER53e
Name or Office: JOE SMITH
Title or Department: SUPERVISOR
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: DENTAL ORGANIZATION
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 12221
Country:
Home Address: 444 ELM STREET
City, State, ZIP: CLEMSON, SC 12221
Country:
Deceased: NO
Date of Death:
Social Security Numbers (SSN): 123-45-7890
Professional School(s) & Year(s) of Graduation: ACME SCHOOL 2000
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 123456789, SC
Other, as Specified:
Drug Enforcement Administration (DEA) Numbers: 978678968976

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: TITLE IV CLINICAL PRIVILEGES

Basis for Action: PRACTICING BEYOND THE SCOPE OF PRACTICE (29)

Other, as Specified:

Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)

Other, as Specified:

SUSPENSION OF CLINICAL PRIVILEGES (1630)

SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)

Date Action Was Taken: 01/08/2009

Date Action Became Effective: 01/09/2009

Length of Action: PERMANENT

Years:

Months:

Days:

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: 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: 01/14/2009

Date of Most Recent Change: 01/14/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT

JUDGMENT OR CONVICTION REPORT

Report Number: 7930000052535556

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act as codified in 45 CFR Part 61. All information is confidential and must be used solely for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY *

Address: 111 PARK STREET

City, State, Zip: ALEXANDRIA, VA 11111

Country:

Entity Internal Report Reference

(e.g., claim number): ENTREF1011011

Name of Office: JANE DOE

Title or Department: ADMINISTRATOR

Telephone: (111) 222-3333

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME

Address: 777 PINE STREET

City, State, Zip: PHILADELPHIA, PA 11111-3333

Country:

Name of Office: JOE SMITH

Title or Department: SUPERVISOR

Telephone: (111) 222-3333

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: ACME HOSPITAL

Work Address: 555 MAIN STREET

City, State, ZIP: CLEMSON, SC 12221

Country:

Organization Type: REHABILITATION HOSPITAL (303)

Other, as Specified:

Home Address: 444 ELM STREET

City, State, ZIP: CLEMSON, SC 12221

Country:

Deceased: UNKNOWN

Date of Death:

Federal Employer Identification Numbers (FEIN): 123456789

Social Security Numbers (SSN): 123-45-6789

Individual Taxpayer Identification Numbers (ITIN): 987-65-4321

National Provider Identifiers (NPI): 1234567891
Occupation/Field of Licensure (Code): NURSE ANESTHETIST (110)
State License Number, State of Licensure: 123456789, SC
Other, as Specified:
Drug Enforcement Administration (DEA) Numbers: 123456789123
Unique Physician Identification Numbers (UPIN): 123456

C. INFORMATION REPORTED

Venue (Court): COURT NAME
Jurisdiction: FEDERAL COURT
City, State of Court: NEW ORLEANS, LA
Docket/Court File Number: 8398
Prosecuting Agency or Civil Plaintiff: TEST CIVIL PLAINTIFF
Case Number Used by Prosecuting Agency: 8348
Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)
Investigating Agency(Agencies): ACME AGENCY
Case Number(s) Used by Investigating Agency(Agencies): 8038
Statutory Offense(s) and Count(s): SECTION 1, OFFENSE 2 (89)
Act or Omission Code(s): UPCODING OF SERVICES (222)
Other Act(s) or Omission(s):
Narrative Description of Act(s) or Omission(s): NARRATIVE DESCRIPTION
Date of Judgment/Sentence: 03/01/2005

Judgment/Sentence

Restitution Amount: \$ 88.00
Other Sentence/Judgment Amount: \$ 99.00
Incarceration: Years: 1 Months: 2 Days: 3
Suspended Sentence: Years: Months: Days:
Home Detention: Years: Months: Days:
Probation: Years: Months: Days:
Community Service: Hours:
Other:

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 03/01/2005

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: 01/06/2009

Date of Most Recent Change: 01/06/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT

JUDGMENT OR CONVICTION REPORT

Report Number: 7930000052535578

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act as codified in 45 CFR Part 61. All information is confidential and must be used solely for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY *

Address: 111 PARK STREET

City, State, Zip: ALEXANDRIA, VA 11111

Country:

Entity Internal Report Reference
(e.g., claim number):

Name of Office: JANE DOE

Title or Department: ADMINISTRATOR

Telephone: (111) 222-3333

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME

Address: 777 PINE STREET

City, State, Zip: PHILADELPHIA, PA 11111-3333

Country:

Name of Office: JOE SMITH

Title or Department: SUPERVISOR

Telephone: (111) 222-3333

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: DENTAL ORGANIZATION

Work Address: 555 MAIN STREET

City, State, ZIP: CLEMSON, SC 12121

Country:

Organization Type: DENTAL GROUP/PRACTICE (362)

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): 123456789

Social Security Numbers (SSN): 123-45-6789

Individual Taxpayer Identification Numbers (ITIN): 987-65-4321

National Provider Identifiers (NPI): 1234567890
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 123456789, SC
Other, as Specified:
Specialty: DENTAL: PUBLIC HEALTH (D2)
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):

C. INFORMATION REPORTED

Venue (Court): COURT NAME
Jurisdiction: FEDERAL COURT
City, State of Court: NEW ORLEANS, LA
Docket/Court File Number: 8398
Prosecuting Agency or Civil Plaintiff: TEST CIVIL PLAINTIFF
Case Number Used by Prosecuting Agency: 8348
Type of Action: DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20)
Investigating Agency(Agencies): ACME AGENCY
Case Number(s) Used by Investigating Agency(Agencies): 8038
Statutory Offense(s) and Count(s): SECTION 1, OFFENSE (2)
Act or Omission Code(s): UPCODING OF SERVICES (222)
Other Act(s) or Omission(s):
Narrative Description of Act(s) or Omission(s): NARRATIVE DESCRIPTION
Date of Judgment/Sentence: 03/01/2005

Judgment/Sentence

Restitution Amount: \$ 88.00
Other Sentence/Judgment Amount: \$ 99.00
Incarceration: Years: 1 Months: 2 Days: 3
Suspended Sentence: Years: Months: Days:
Home Detention: Years: Months: Days:
Probation: Years: Months: Days:
Community Service: Hours:
Other:

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 03/01/2005

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: 01/07/2009

Date of Most Recent Change: 01/07/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT