

## CONFIRMATION OF PDS ENROLLMENT AS OF 01/08/2009

Subject is currently enrolled under the provisions of:

Title IV (NPDB)  Section 1128E (HIPDB)

### A. REPORTS ON FILE WITH THE DATA BANK(S) AS OF 01/08/2009

Based on the subject identification information provided, the following report(s) were found:

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, JAMES  
Entity Subject Identification Number:  
Gender: MALE  
Date of Birth: 01/08/1968  
Other Name(s) Used:  
Organization Name: JOHN DOE'S OFFICE  
Organization Type: MEDICAL GROUP/PRACTICE (365)  
Work Address: 123 WORK STREET  
City, State, ZIP: WORK CITY, VA 12345  
Home Address:  
City, State, ZIP:  
Social Security Numbers (SSN): 456-45-6456  
Individual Taxpayer Identification Numbers (ITIN):  
Professional School(s) & Year of Graduation: JOHN DOE'S SCHOOL (1990)  
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)  
State License Number, State of Licensure: 456456456, VA  
Drug Enforcement Administration (DEA) Numbers:  
National Provider Identifiers (NPI):  
Federal Employer Identification Numbers (FEIN):  
Unique Physician Identification Numbers (UPIN):

### C. ENROLLMENT INFORMATION

NPDB Enrollment Status: Enrolled      HIPDB Enrollment Status: Enrolled  
NPDB Enrollment Dates: 01/08/2009 - 01/31/2010\*      HIPDB Enrollment Dates: 01/08/2009 - 01/31/2010\*

\* Unless enrollment is canceled by the entity prior to this date

### D. 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