

CONFIRMATION OF PDS ENROLLMENT AS OF 01/06/2009

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 01/06/2009

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

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

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

Subject Name: DOE, JOHN RICHARD
Entity Subject Identification Number:
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. ENROLLMENT INFORMATION

NPDB Enrollment Status: Enrolled
NPDB Enrollment Dates: 01/05/2009 - 01/31/2010*
* The enrollment will be automatically canceled on 02/02/2011

HIPDB Enrollment Status: Enrolled
HIPDB Enrollment Dates: 01/05/2009 - 01/31/2010*

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

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

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.

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, JONATHON R 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

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

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E. REPORT STATUS

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- 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:

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7930000052535556
Process Date: 01/06/2009
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For authorized use by:
QUERYING ENTITY

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, JONATHON R JR

END OF REPORT
