

NPDB

NATIONAL PRACTITIONER DATA BANK

Account Balance Transfer Request

To transfer your account balance with the NPDB to a credit or debit card or Electronic Funds Transfer (EFT) account, please type or print legibly, in ink, the information requested in Sections A and B.

Section A: Entity Information

Data Bank Identification Number: _____

Telephone: Area Code _____ Number _____ Extension _____

Printed Title of Entity Representative: _____

Printed Name of Entity Representative: _____

Signature of Entity Representative: _____

Signature Date: _____

Section B: Account Information

Transfer Balance to (check one): Credit/Debit Card Account Existing EFT Account on File with the NPDB

Amount to be Transferred: \$ _____

Type of Balance (check one): Debit Balance Credit Balance

Note: If a credit balance is issued, it must be applied to the original account that was debited.

Credit or Debit Card Number: _____ Expiration Date (MM/YY): _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip Code: _____

The NPDB is committed to protecting your privacy and your Personally Identifiable Information (PII). In accordance with HHS and HRSA policy, the NPDB will not accept unencrypted PII via email or fax. When completing this form, please mail to: The NPDB, P.O. Box 10832, Chantilly, VA 20153-0832. When the account balance transfer has been processed, a billing adjustment notification will be mailed to your organization.

OMB # 0915-0126 expiration date 03/31/2021

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.