

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. Numbers in parentheses indicate the maximum number of characters including spaces and punctuation allowed per field.

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.

NPDB Assistance

For additional information or assistance, please contact the NPDB Customer Service Center at:

1-800-767-6732

Outside the U.S.: 1-703-802-9380

TT/TDD: 1-703-802-9395

Fax: 1-703-803-1964

Email: help@npdb.hrsa.gov

Online: <http://www.npdb.hrsa.gov>

Open: Mon. - Thurs. 8:30 a.m. - 6:00 p.m. ET, Fri. 8:30 a.m. - 5:30 p.m. ET

Closed: Federal holidays