



P.O. Box 10832
Chantilly, VA 20153-0832

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Continuous Query ID: 300000007280995
DCN: 7950000146051824
Process Date: 05/16/2019 **Page:** 1 of 1
DOE, JOHN J JR
For authorized use by:
TEST HOSPITAL

DOE, JOHN J JR - CONTINUOUS QUERY RESPONSE

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

Practitioner Name: DOE, JOHN J JR
Date of Birth: 04/22/1950 **Gender:** MALE
Organization Name: ORGANIZATION NAME
Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)
Work Address: SAMPLE STREET, RESTON, VA 11111
Home Address: SAMPLE ST, RESTON, VA 11111
Social Security Number: ***-**-1000
License: COUNSELOR, MENTAL HEALTH, 12345678910, VA
Professional School(s): SAMPLE UNIVERSITY (1974)
SAMPLE UNIVERSITY (1970)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 05/16/2019 - 05/31/2020*
* Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV; Section 1921; Section 1128E
Entity Name: TEST HOSPITAL (DBID ending in ...03)
Authorized Submitter: JANE SMITH, CERTIFIER, (222) 333-4444

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/16/2019

The following report types have been searched:

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):	Yes, See Below	Peer Review Organization Action(s):	No Reports

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action: - REDUCTION OF CLINICAL PRIVILEGES **Date of Action:** 10/01/2011
DCN: 7950000146051738

----- Unabridged Report(s) Follow -----

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DOE, JOHN J JR

TEST HOSPITAL

TEST HOSPITAL	
- REDUCTION OF CLINICAL PRIVILEGES	- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

A. REPORTING ENTITY

Entity Name: TEST HOSPITAL *
 Address: SUPERVISOR, PROVIER CREDENTIALING
 30 W. SPRING STREE, LEVEL 21
 City, State, Zip: COLUMBUS, OH 43215-2256
 Country:
 Name or Office: JANE SMITH
 Title or Department: CERTIFIER
 Telephone: (333) 444-5555
 Entity Internal Report Reference:
 Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

Entity Name: TEST HOSPITAL
 Address: SAMPLE STREET
 City, State, Zip: SAMPLE CITY, VA 11111
 Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN J JR
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 04/22/1950
 Organization Name: ORGANIZATION NAME
 Work Address: SAMPLE STREET
 City, State, ZIP: RESTON, VA 11111
 Home Address: SAMPLE STREET
 City, State, ZIP: RESTON, VA 11111
 Deceased: NO
 Social Security Numbers (SSN): ***-**-1000
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: SAMPLE UNIVERSITY (1974)
 SAMPLE UNIVERSITY (1970)
 Occupation/Field of Licensure: COUNSELOR, MENTAL HEALTH
 State License Number, State of Licensure: 12345678910, VA
 Drug Enforcement Administration (DEA) Numbers:
 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:

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Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE) (E1)
Adverse Action Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640)
Date Action Was Taken: 09/11/2011
Date Action Became Effective: 10/01/2011
Length of Action: PERMANENT
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: SUBMITTED REQUEST FOR INSURANCE PAYMENT FOR SERVICES NOT RENDERED.

D. SUBJECT STATEMENT

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

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 05/14/2019
Date of Most Recent Change: 05/14/2019

This report is maintained under the provisions of: Title IV

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.

END OF REPORT