NATIONAL PRACTITIONER DATA BANK
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DOE, JOHN J JR

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 10/01/2011

Initial Action	Basis for Initial Action
- 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:	DANA SMITH
Title or Department:	COORINATOR
Telephone:	(333) 333-3333
Entity Internal Report Reference:	
Type of Report:	INITIAL

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:	
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)

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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.

E. REPORT STATUS

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