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**DCN:** 7950000146051742 Process Date: 05/14/2019

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DOE, JOHN J JR For authorized use by: TEST HOSPITAL

## DOE, JOHN J JR

## TEST HOSPITAL

## TITLE IV CLINICAL PRIVILEGES ACTION

**Basis for Initial Action** 

**Date of Action:** 10/01/2011

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:

Sex: 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

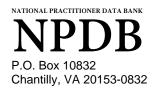
Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

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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TEST HOSPITAL

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

clarification, contact the reporting entity identified in Section A.

and Description of Action(s) Taken

by Reporting Entity: SUBMITTED REQUEST FOR INSURANCE PAYMENT FOR SERVICES NOT

RENDERED.

		KENDEKED.
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 was and is an aimteir of	and and harmonicians of Title IV	
-	under the provisions of: Title IV	
		ational Practitioner Data Bank for restricted use under the provisions of Title IV formation is confidential and may be used only for the purpose for which it was

## - END OF REPORT -

disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or