

DOE, JOHN

TEST REPORTER

PEER REVIEW ORGANIZATION ACTION

Date of Action: 03/03/2009

Initial Action

Basis for Initial Action

- RECOMMENDATION TO SANCTION

- IMPROPER OR ABUSIVE BILLING PRACTICES

A. REPORTING ENTITY

Entity Name: TEST REPORTER
 Address: 7555 TEST ST
 City, State, Zip: WASHINGTON, DC 20000
 Country:
 Name or Office: JANE SMITH
 Title or Department: CERTIFIER
 Telephone: (222) 333-4444
 Entity Internal Report Reference:
 Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 12/13/1946
 Organization Name: ACME ORGANIZATION
 Work Address: 123 MAIN STREET
 SUITE 400
 City, State, ZIP: FAIRFAX, VA 22033-4321
 Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)
 Other, as Specified: THIS IS A SPECIAL ORGANIZATION
 Home Address: 1ST AVENUE
 APT # 123
 City, State, ZIP: FAIRFAX, VA 22033-1234
 Deceased: NO
 Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): ***-**-7890
 National Provider Identifiers (NPI): 1245319599
 Professional School(s) & Year(s) of Graduation: ACME UNIVERSITY (2002)
 Occupation/Field of Licensure: DENTIST
 State License Number, State of Licensure: VA123, VA
 Specialty: ORAL AND MAXILLOFACIAL RADIOLOGY
 Occupation/Field of Licensure: DENTIST
 State License Number, State of Licensure: 45334, MD
 Specialty: ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS
 Drug Enforcement Administration (DEA) Numbers: 1234567890
 Unique Physician Identification Numbers (UPIN):
 Name(s) of Health Care Entity (Entities) With Which Subject Is
 Affiliated or Associated (Inclusion Does Not Imply Complicity in
 the Reported Action.): HOSPITAL

NPDB

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

<https://www.npdb.hrsa.gov>

DCN: 7950000146051760
Process Date: 05/15/2019
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 DOE, JOHN
For authorized use by:
 TEST REPORTER

Business Address of Affiliate: 456 MAIN STREET
 SUITE 111
City, State, ZIP: RESTON, VA 28281-1234
Nature of Relationship(s): OTHER RELATIONSHIP - NOT CLASSIFIED, SPECIFY (999)
Other, as Specified: THIS IS A RELATIONSHIP

C. INFORMATION REPORTED

Type of Adverse Action: PEER REVIEW ORGANIZATION
Basis for Finding: IMPROPER OR ABUSIVE BILLING PRACTICES (55)
Type of Negative Finding: RECOMMENDATION TO SANCTION (1830)
Date of Finding: 03/03/2009
Description of Finding: NARRATIVE DESCRIPTION

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: 05/15/2019
Date of Most Recent Change: 05/15/2019

This report is maintained under the provisions of: Section 1921

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END OF REPORT