

PUBLIC, JOHN Q.

TEST ORGANIZATION

CORRECTION TO MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 02/02/2013

Initial Action

- SETTLEMENT

Basis for Initial Action

- DELAY IN TREATMENT

A. REPORTING ENTITY

Entity Name: TEST ORGANIZATION
 Address: 333 TESTING ST
 City, State, Zip: WASHINGTON, DC 20000
 Country:
 Name or Office: JOHN DOE
 Title or Department: TECHNICIAN
 Telephone: (333) 444-5555
 Entity Internal Report Reference: ABC000123
 Type of Report: CORRECTION
 Previous Report Number: 7950000134819502 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUBLIC, JOHN Q.
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 02/02/1950
 Organization Name: TEST ORGANIZATION
 Work Address: 333 TESTING ST
 City, State, ZIP: WASHINGTON, DC 20000
 Home Address: 100 HOME STREET
 City, State, ZIP: CITY, VA 12345
 Deceased: UNKNOWN
 Social Security Numbers (SSN): ***-**-9999
 National Provider Identifiers (NPI): 1234567893
 Professional School(s) & Year(s) of Graduation: PROFESSIONAL SCHOOL (1980)
 Occupation/Field of Licensure (Code): CHIROPRACTOR
 State License Number, State of Licensure: NO LICENSE, AL
 Drug Enforcement Administration (DEA) Numbers:
 Hospital Affiliation(s): GENERAL HOSPITAL
 SPRINGFIELD, VA

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Date of Report: 06/14/2018
 Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
 Amount of This Payment for This Practitioner: \$ 1,453.32
 Date of This Payment: 02/02/2013

DCN: 7950000134819516
Process Date: 06/14/2018
Page: 2 of 3
 PUBLIC, JOHN Q.
For authorized use by:
 TEST ORGANIZATION

This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 1,453.32
 Payment Result of: SETTLEMENT
 Date of Judgment or Settlement, if Any: 02/05/2013
 Adjudicative Body Case Number:
 Adjudicative Body Name:
 Court File Number:
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: DESCRIPTION OF THE SETTLEMENT
 Total Number of Claimants Included in The Settlement: 2

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 1,453.32
 Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: UNKNOWN
 Amount Paid or Expected to Be Paid by the State Fund:
 Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: UNKNOWN
 Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Primary Claimant's Age at Time of Initial Event: UNKNOWN
 Primary Claimant's Gender: MALE
 Primary Claimant's Type: OUTPATIENT
 Description of the Medical Condition With Which the Primary Claimant Presented for Treatment: DESCRIPTION OF THE CONDITION
 Description of the Procedure Performed: DESCRIPTION OF THE PROCEDURE
 Nature of Allegation: TREATMENT RELATED (060)
 Specific Allegation: DELAY IN TREATMENT (202)
 Date of Event Associated With Allegation or Incident: 02/02/2012
 * Outcome: EMOTIONAL INJURY ONLY (01)
 Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: DESCRIPTION OF THE INJURY

D. SUBJECT STATEMENT

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

Queriers, please note:

The practitioner/subject entered the statement shown below in response to an earlier version of this report. The reporting entity changed the report after the practitioner/subject prepared the statement. As of the date this query response was processed, the practitioner/subject has not changed the statement in response to the changes in the report.

Date Submitted: 06/14/2018
 I DISPUTE THIS REPORT

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:

Queriers, please note:

The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement shown below. After the Dispute Resolution decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.

Date Submitted: 06/14/2018

THIS DISPUTE HAS BEEN DENIED

Date of Original Submission: 06/14/2018

Date of Most Recent Change: 06/14/2018

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