

ADVERSE ACTION REPORT

PEER REVIEW ORGANIZATION ACTION

Report Number: 7940000061139070

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, 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.

A. REPORTING ENTITY

Entity Name: TEST REPORTER
Address: 123 REPORTING AVE.
City, State, Zip: WASHINGTON, DC 11111
Country:
Name of Office: REPORTING CONTACT
Title or Department: REPORTING CONTACT TITLE
Telephone: (123) 456-7890
Entity Internal Report Reference: TEST XML PRO (QRXS)
Customer Use: PR
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN
Other Name(s) Used: DOE, JOHN J JR
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): 123456789
Social Security Numbers (SSN): ***-**-7890
National Provider Identifiers (NPI): 1234567890
Professional School(s) & Year(s) of Graduation: ACME UNIVERSITY (2002)
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: VA123, VA
Specialty: ORAL AND MAXILLOFACIAL RADIOLOGY (DA)
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 45334, MD
Specialty: ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS (D6)
Drug Enforcement Administration (DEA) Numbers: 123456897987
Unique Physician Identification Numbers (UPIN): 484848
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): BAD HOSPITAL
Business Address of Affiliate: 456 MAIN STREET

SUITE 111
City, State, ZIP: FAIRFAX, 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: 03032009
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 one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 05/18/2010
Date of Most Recent Change: 05/18/2010

END OF REPORT