

QUERY RESPONSE

This query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	None
State Licensure Action(s):	7940000061149157
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	None
Health Plan Action(s):	None
Professional Society Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	None
Peer Review Organization Action(s):	7940000061149213

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name: DOE, JOHN
Gender: MALE
Date of Birth: 12/13/1946
Other Name(s) Used: DOE, JOHN J JR
Organization Name: ACME ORGANIZATION
Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)
Other, as Specified: THIS IS A SPECIAL ORGANIZATION
Work Address: 123 MAIN STREET
SUITE 400
City, State, ZIP: FAIRFAX, VA 22033-4321
Home Address: 1ST AVENUE
APT # 123
City, State, ZIP: FAIRFAX, VA 22033-1234
Social Security Numbers (SSN): ***-**-7890
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year 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
National Provider Identifiers (NPI): 1234567890
Federal Employer Identification Numbers (FEIN): 123456789
Unique Physician Identification Numbers (UPIN): 484848

C. ENTITY INFORMATION

Entity Name: TEST QUERIER (DBID ending in ...52)
Authorized Agent: TEST AGENT
Authorized Submitter's Name: JOE SMITH
Authorized Submitter's Title: SUPERVISOR
Authorized Submitter's Telephone: (123) 456-7890 Ext. 11

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 7940000061149157

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 Title IV of Public Law 99-660, as amended; Section 1921 of the Social Security Act; and 45 CFR Part 60. This report also is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. 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: REPORTING ENT. SUCCESOR NEW NAME *
Address: 777 PINE STREET
City, State, Zip: PHILADELPHIA, PA 11111-3333
Country:
Name of Office: REPORTING CONTACT
Title or Department: REPORTING CONTACT TITLE
Telephone: (123) 456-7890
Entity Internal Report Reference:
Type of Report: CORRECTION OF REVISION TO ACTION
Related Report Number: The related report is no longer available from the Data Bank(s).

*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESOR NEW NAME
Address: 777 PINE STREET
City, State, Zip: PHILADELPHIA, PA 11111-3333
Country:
Name of Office: JOE SMITH
Title or Department: SUPERVISOR
Telephone: (111) 222-3333

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN R
Other Name(s) Used: DOE, JOHN RICHARD JR
Gender: MALE
Date of Birth: 05/05/1975
Organization Name: DENTAL ORGANIZATION
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 12121
Organization Type: DENTAL GROUP/PRACTICE (362)
Home Address: 444 ELM STREET
City, State, ZIP: CLEMSON, SC 12221
Deceased: NO
Federal Employer Identification Numbers (FEIN): 123456789
Social Security Numbers (SSN): ***-**-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
National Provider Identifiers (NPI): 1234567890
Professional School(s) & Year(s) of Graduation: ACME SCHOOL (2000)
Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 123456789, SC
Specialty: DENTAL: PUBLIC HEALTH (D2)

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**

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

<http://www.npdb-hipdb.hrsa.gov>

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For authorized use by:
TEST QUERIER

Drug Enforcement Administration (DEA) Numbers:

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.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**C. INFORMATION
REPORTED**

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

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program
That Took the Adverse Action

Specified in This Report: TEST AGENCY

* Adverse Action

Classification Code(s): REDUCTION OF PREVIOUS LICENSURE ACTION (1295)

* Date Action Was Taken: 05/05/2010

* Date Action Became Effective: 05/05/2010

Length of Action: SPECIFIC PERIOD

Years: 1

Months: 5

Days:

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 500.00

Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:

YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION
REPORT WHEN STATUS CHANGES)

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:

DESCRIPTION OF ACT(S) OR OMISSION(S) OR OTHER REASONS
FOR ACTION TAKEN

Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which Adversely
Affected, or Could Have Adversely Affected, the
Health or Welfare of the Patient?:

YES

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 01/30/2007

**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:

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Date of Original Submission: 06/01/2010
Date of Most Recent Change: 06/01/2010

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, J R
DOE, JONATHON R JR
DOE, JONATHON RICH JR
DOE, JONATHON RICHARD JR

END OF REPORT

ADVERSE ACTION REPORT

PEER REVIEW ORGANIZATION ACTION

Report Number: 7940000061149213

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

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A. REPORTING ENTITY

Entity Name: REPORTING ENTITY
Address: 10 TEST LANE
City, State, Zip: FAIRFAX, VA 22033
Country:
Name of Office: JANE DOE
Title or Department: SUPERVISOR
Telephone: (111) 222-3333
Entity Internal Report Reference: REF54321
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
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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.):
Business Address of Affiliate:
City, State, ZIP:

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Nature of Relationship(s):

**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: 06/01/2010
Date of Most Recent Change: 06/01/2010

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SUBJECT
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Subject Name(s): DOE, J R
DOE, JONATHON R JR
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END OF REPORT