

NPDB QUERY RESPONSE

A. SEARCH RESULT

Based on the subject identification information provided by you in Section B below, a search of the NPDB has located the following 2 report(s).

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	7910000044248260
Adverse Action Report(s):	7910000044248326

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)1

Subject Name: DOE, JOHN R
Gender: MALE
Date of Birth: 05/05/1975
Other Name(s) Used: DOE, JOHN RICHARD JR
Organization Name: THE DENTAL GROUP
Organization Type: DENTAL GROUP/PRACTICE (362)
Work Address: 555 MAIN STREET
City, State, ZIP: CLEMSON, SC 39845
Home Address: 444 ELM STREET
City, State, ZIP: CLEMSON, SC 39845
Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
Professional School(s) & Year 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)
Drug Enforcement Administration (DEA) Numbers: 123456789123 987654321987 123456789012
National Provider Identifiers (NPI): 1234567890
Federal Employer Identification Numbers (FEIN): 123456789
Unique Physician Identification Numbers (UPIN):

C. ENTITY INFORMATION

Data Bank Identification Number(DBID): 200000000000026
Entity Name: QUERYING ENTITY
Authorized Agent:
Authorized Submitter's Name: JANE DOE
Authorized Submitter's Title: PRESIDENT
Authorized Submitter's Telephone: (123) 456-7890

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number 7910000044248260

This report is maintained in: The National Practitioner Data Bank

The Healthcare Integrity and Protection Data Bank

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. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY

Address: 111 PARK STREET
SUITE 100

City, State, ZIP: ALEXANDRIA, VA 11111-0100

Entity Internal Report Reference
(e.g., claim number):

Name or Office: JANE DOE

Title or Department: ADMINISTRATION

Telephone: (111)222-3333

Type of Report: MMPR Initial Report

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN RICHARD JR

Other Name(s) Used:

Gender: MALE

Organization Name: THE DENTAL GROUP
Work Address: 222 MAPLE DRIVE

City, State, ZIP: FAIRFAX, VA 55225
Country:

Home Address:

City, State, ZIP:
Country:

Social Security Numbers (SSN): 123-45-6789

Date of Birth: 05/05/1975

Deceased: UNKNOWN

Date of Death:

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

Other, as Specified:

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

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

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

DCN: 7910000044248260

Process Date: 02/06/2007

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For authorized use by:

QUERYING ENTITY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 02/06/2007

Relationship of Entity to This

Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for

This Practitioner: \$200.00

Date of This Payment: 01/11/2007

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$200.00

Payment Result of: PAYMENT PRIOR TO SETTLEMENT

Date of Judgment or Settlement, if Any:

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: DESCRIPTION OF JUDGMENT OR SETTLEMENT

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: \$200.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONERS

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:

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CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 10 MONTH(S)

Patient's Gender: FEMALE

Patient Type: UNKNOWN

Description of the Medical Condition With Which the Patient
Presented for Treatment:

DESCRIPTION OF THE MEDICAL CONDITION

Description of the Procedure Performed:

DESCRIPTION OF THE PROCEDURE PERFORMED

Nature of Allegation:

MONITORING RELATED (070)

Specific Allegation:

FAILURE TO TREAT FETAL DISTRESS (104)

Other Specific Allegation:

Date of Event Associated With Allegation or Incident:

01/01/2007

Specific Allegation:

Other Specific Allegation:

Date of Event Associated With Allegation or Incident:

Outcome:

MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based:

DESCRIPTION OF THE ALLEGATIONS AND INJURIES OR ILLNESSES
UPON WHICH THE ACTION OR CLAIM WAS BASED

**D. SUBJECT
STATEMENT**

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

Date Submitted: 02/14/2007

I am the subject. This is my statement.

**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 Initial Report: 02/06/2007

Date of Most Recent Change: 02/14/2007

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

**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, JONATHON R
DOE, J R

END OF REPORT

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 7910000044248326

This report is maintained in: The National Practitioner Data Bank

The Healthcare Integrity and Protection Data Bank

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. 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 ENTITY *
Address: 111 PARK STREET
City, State, ZIP: ALEXANDRIA, VA 11111
Entity Internal Report Reference
(e.g., claim number): REF123
Name or Office: JANE DOE
Title or Department: ADMINISTRATION
Telephone: (111)222-3333
Type of Report: CORRECTION OF REVISION TO ACTION
Related Report Number: 7910000044248325

*The reporting entity has changed its name or address on file with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 02/07/2007:

Entity Name: DATA BANK ENTITY
Address: 555 MAPLE LANE
City, State, ZIP: SAN JUAN
Country: PUERTO RICO

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
Country:
Organization Type: DENTAL GROUP/PRACTICE (362)
Other, as Specified:
Home Address: 444 ELM STREET

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

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

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

DCN: 7910000044248326

Process Date: 02/07/2007

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For authorized use by:

QUERYING ENTITY

City, State, ZIP: CLEMSON, SC 12221

Country:

Deceased: NO

Date of Death:

Federal Employer Identification Numbers (FEIN): 123456789

Social Security Numbers (SSN): 123-45-6789

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

Other, as Specified:

Specialty: DENTAL: PUBLIC HEALTH (D2)

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:

Country:

Nature of Relationship(s):

Other, as Specified:

**C. INFORMATION
REPORTED**

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)

Other, as Specified:

Date Action Was Taken: 01/05/2007

Date Action Became Effective: 01/05/2007

Length of Action: SPECIFIC PERIOD

Years: 1

Months: 5

Days: 0

Total Amount of Monetary Penalty, Assessment

and/or Restitution: \$500.00

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Healthcare Integrity and Protection Data Bank**

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DCN: 7910000044248326

Process Date: 02/07/2007

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For authorized use by:
QUERYING ENTITY

Is Subject Automatically Reinstated After Adverse

Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION
REPORT WHEN STATUS CHANGES)

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: 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.

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: 02/10/2007

I am the subject. This is my statement.

**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:

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 Secretarial Review decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.

The Secretary has reviewed the report and made a decision.

Date of Original Submission: 01/05/2007

Date of Most Recent Change: 02/07/2007

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DCN: 7910000044248326

Process Date: 02/07/2007

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For authorized use by:

QUERYING ENTITY

**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, JONATHON R
DOE, J R

The Data Banks attempted to notify the Subject identified in Section B on 02/07/2007 at the address below, but the attempt was unsuccessful.

123 MAIN STREET
NEW ORLEANS, LA 45454

END OF REPORT

HIPDB QUERY RESPONSE

A. SEARCH RESULT

Based on the subject identification information provided by you in Section B below, a search of the HIPDB has located the following 1 report(s).

Type of Report(s)	Report Number(s)
Adverse Action Report(s):	7910000044248326

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN R
Gender: MALE
Date of Birth: 05/05/1975
Other Name(s) Used: DOE, JOHN RICHARD JR
Organization Name: THE DENTAL GROUP
Organization Type: DENTAL GROUP/PRACTICE (362)
Work Address: 555 MAIN STREET
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Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
Professional School(s) & Year 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)
Drug Enforcement Administration (DEA) Numbers: 123456789123 987654321987 123456789012
National Provider Identifiers (NPI): 1234567890
Federal Employer Identification Numbers (FEIN): 123456789
Unique Physician Identification Numbers (UPIN):

C. ENTITY INFORMATION

Data Bank Identification Number(DBID): 200000000000026
Entity Name: QUERYING ENTITY
Authorized Agent:
Authorized Submitter's Name: JANE DOE
Authorized Submitter's Title: PRESIDENT
Authorized Submitter's Telephone: (123) 456-7890

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 7910000044248326

This report is maintained in: The National Practitioner Data Bank

The Healthcare Integrity and Protection Data Bank

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Entity Internal Report Reference
(e.g., claim number): REF123
Name or Office: JANE DOE
Title or Department: ADMINISTRATION
Telephone: (111)222-3333
Type of Report:
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Home Address: 444 ELM STREET

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For authorized use by:
QUERYING ENTITY

City, State, ZIP: CLEMSON, SC 12221

Country:

Deceased: NO

Date of Death:

Federal Employer Identification Numbers (FEIN): 123456789

Social Security Numbers (SSN): 123-45-6789

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Occupation/Field of Licensure (Code): DENTIST (030)

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the Reported Action.):

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Nature of Relationship(s):

Other, as Specified:

**C. INFORMATION
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Name of Agency or Program
that Took the Adverse Action

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

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Date Action Was Taken: 01/05/2007

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and/or Restitution: \$500.00

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DCN: 7910000044248326

Process Date: 02/07/2007

Page: 3 of 4

For authorized use by:
QUERYING ENTITY

Is Subject Automatically Reinstated After Adverse

Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION
REPORT WHEN STATUS CHANGES)

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: DESCRIPTION OF ACT(S) OR OMISSION(S) OR OTHER REASONS
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Health or Welfare of the Patient?: YES

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Date of Appeal: 01/30/2007

**D. SUBJECT
STATEMENT**

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Date of Most Recent Change: 02/07/2007

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QUERYING ENTITY

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

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Subject Name(s): DOE, JONATHON R
DOE, J R

The Data Banks attempted to notify the Subject identified in Section B on 02/07/2007 at the address below, but the attempt was unsuccessful.

123 MAIN STREET
NEW ORLEANS, LA 45454

END OF REPORT
