

Section A: Entity Information

National Practitioner Data Bank Healthcare Integrity and Protection Data Bank HRSA



ACCOUNT BALANCE TRANSFER REQUEST

To transfer your account balance with the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) to a credit card or Electronic Funds Transfer (EFT) account, please type or print legibly, in ink, the information requested in Sections A and B. Numbers in parentheses indicate the maximum number of characters including spaces and punctuation allowed per field.

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Data Bank Identification Number (15):			
Printed Title of Entity Representative (40):			
Printed Name of Entity Representative (40)):		
Signature of Entity Representative:			
Signature Date:			
Section B: Account Information			
Transfer Balance to (check one): Cre	edit Card Account	_ Existing EFT Account on File V	With the Data Banks
Amount to be Transferred: \$ _	dollars cent		
Type of Balance (check one): Debit	Balance		
NOTE: If a credit balance is issued, it mus	at be applied to the origi	nal account that was debited.	
Credit Card Number (Visa, MasterCard, Di	scover, or American Ex	press):	
		_	
Credit Card Expiration Date (MM/YY): _			
Cardholder's Name (40):			
Cardholder's Billing Address (40):			
(40):			
City (28):		ZIP Code (10):	

When the NPDB-HIPDB has processed the account balance transfer, a billing adjustment notification will be mailed to your organization. For additional information, visit the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov. If you need assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at help@npdb-hipdb.hrsa.gov or by phone at 1-800-767-6732 (TDD 703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.