QUERY INPUT

the **DataBank**
NATIONAL PRACTITIONER

To submit a query, enter all known subject data.

OMB # 0915-0239 expiration date 05/31/14
OMB # 0915-0126 expiration date 12/31/13
OMB # 0915-0331 expiration date 12/31/13

SUBJECT INFORMATION   Help   ?

Organization Information

Organization Name

[   ]

Add another name used

Click   Help   ?   for information on filling out non-U.S. and military addresses.

Address

Street Address: [   ]

Address Line 2:   [   ]

City: [   ]

State: [CHOOSE ONE FROM LIST   ▼]

ZIP Code: [   ] - [   ]

Country: [   ]
(if U.S., leave blank)

Type

Organization Type: [CHOOSE ONE FROM LIST   ▼]

Federal Employer Identification Numbers (FEIN)

[   ]

Add another FEIN

Social Security Numbers (SSN)

[_____]

Add another SSN

Individual Taxpayer Identification Numbers (ITIN)

[_____]

Add another ITIN

Drug Enforcement Administration (DEA) Numbers

[_____]

Add another DEA Number

Clinical Laboratory Improvement Act (CLIA) Numbers

[_____]

Add another CLIA Number

Federal Food and Drug Administration (FDA) Numbers

[_____]

Add another FDA Number

National Provider Identifiers (NPI)

[_____]

Add another NPI

Medicare Provider/Supplier Numbers

[_____]

Add another Medicare Provider/Supplier Number

Organization State Licensure Information

(If no State License, check the 'No License' box.)

State License
Number: [_____]   OR   ☐ No License

State of Licensure: [CHOOSE ONE FROM LIST ▼]

Add another License

☐ Check this box if you wish to store this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries.

Help   ?

Continue

Return to Options