

All references to PDF have been removed.

At your request, the report identified below has been placed in disputed status. All queriers who previously received the report are notified that the information they received from the National Practitioner Data Bank (NPDB) is in dispute. The reporting entity, identified in Section A, also has been notified.

The public burden statement has been hidden by default.

Public Burden Statement

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126 (expiration date 05/31/16). Public reporting burden for this collection of information is estimated to average 15 hours to complete the activities associated with this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 1029, Rockville, MD, 20857.

Report Type: MEDICAL MALPRACTICE PAYMENT REPORT
Report Number: 550000034932206
Subject's Name: SMITH, JOHN
Report Maintained Under: [X] Title IV [] Section 1921 [] Section 1128E

REQUESTING DISPUTE RESOLUTION

New requirement for online help.

Before requesting Dispute Resolution by the Secretary of the U.S. Department of Health and Human Services, you must first attempt to resolve the disagreement with the reporting entity. If your disagreement cannot be resolved through discussions with the reporting entity (e.g., the reporting entity declines to change the report), you may then request that the Secretary review the report for accuracy.

Please be advised that the Secretary will review your case only to determine the following:

- Whether a report should have been filed in accordance with reporting regulations, and if so
If the information contained in the report is a factually accurate reflection of the action taken, and the reasons the action was taken are specified in relevant documents.

The Secretary will not review the merits of a medical malpractice claim in the case of a payment or the appropriateness of, or basis for, an adverse action (judgment) or conviction. The Secretary can only determine if the action was reportable and if the report accurately describes the action and the reasons the action was taken. The Secretary cannot review the extent to which entities followed due process guidelines. Due process issues must be resolved between the subject and the reporter.

As part of the Dispute Resolution process, you should submit to the Data Bank documentation that supports your position that the reporting entity's information is inaccurate. Documentation must relate directly to the facts in dispute and substantially contribute to a determination of the factual accuracy of the report. Documentation may not exceed 20 pages, including attachments and exhibits. Click Help for examples of acceptable documentation.

You also must submit proof that you attempted to resolve the disagreement with the reporting entity but were unsuccessful (e.g., a copy of your correspondence to the reporting entity and the entity's response, if any).

To proceed with your request for Dispute Resolution, follow the instructions below and click Continue. Otherwise, click Return to Report Response Options at the bottom of this page.

Do not print this page. A printable copy of your request will be provided after submission.

REASON FOR REQUEST

The Resolution attempt status of the form previously appeared after the Comments to Secretary section.

Before proceeding, you must indicate why Dispute Resolution is necessary.

Resolution Attempt

- I have attempted to resolve my dispute with the reporting entity, and, after 60 days, have received no response.
OR
I have attempted to resolve my dispute with the reporting entity; however, the entity has declined to correct or void the report.

To complete this request for Dispute Resolution, you must submit proof that you attempted to resolve the disagreement with the reporting organization but were unsuccessful. Attaching this documentation here will aid in expediting your request.

Attachment Browse Description

We added the ability to attach supporting information to the request - attaching documentation is optional.

The Dispute Documentation section of the form replaces the Comments to Secretary section.

DISPUTE DOCUMENTATION

Please enter your point(s) of dispute below. Describe each aspect of the report you would like to dispute as a separate point. When constructing your point(s) of dispute keep in mind that your case will be reviewed only to determine:

- whether the report was filed in accordance with Data Bank regulations
whether the report accurately reflects the official written record

Each point is limited to 550 characters including spaces and punctuation. A maximum of seven points of dispute can be entered below.

You are highly encouraged to provide documentation to support your point(s) of dispute. As far as possible, point(s) of dispute should include specific references that indicate relevant portion(s) of the supporting documentation (e.g., Please see page 3, line 4). The form below allows you to attach supporting documentation by clicking the Browse... button and selecting files from your computer to upload and attach to your case. You may enter a description of each file you choose to upload. Following these guidelines and adding all of your supporting documentation electronically will aid in expediting your request for Dispute Resolution.

Table with 2 columns: Point of Dispute, Attachment. Contains 3 rows for entering dispute points and attaching supporting files.

CURRENT ADDRESSES

Your profile will be updated to reflect the addresses below. However, you should be aware that this does not change your mailing address as reflected in the report filed with the Data Bank.

Email Addresses section with input fields for Email Address and Confirm Email Address, and an Add another button.

Home Address/Address of Record section with input fields for Street Address, Address Line 2, City, State, ZIP Code, and Country.

Work Address section with input fields for Street Address, Address Line 2, City, State, ZIP Code, and Country. Includes a note about verifying mailing addresses.

Certification Data section with a declaration statement and input fields for Authorized Submitter's Name, Title, Phone, and Date.

Continue

Return to Report Response Options