

QUERY INPUT



Subject Info

To submit a query, enter all known subject data.

FEIN

OMB # 0915-0126 expiration date 05/31/16

SSN

ITIN

DEA Number

CLIA Number

FDA Number

NPI

Medicare Num

Licensure Info

Continue

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. Public reporting burden for this collection of information is estimated to average 5 minutes to complete 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 10-29, Rockville, Maryland, 20857.

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:

ZIP Code: -

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

Type

Organization Type:

QUERY INPUT



- Subject Info
- FEIN
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- CLIA Number
- FDA Number
- NPI
- Medicare Num
- Licensure Info
- Continue

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](#)

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- CLIA Number
- FDA Number
- NPI
- Medicare Num
- Licensure Info
- Continue

[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:

[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](#)

SELECT A PAYMENT METHOD



Subjects to Query: 1

NPDB Charge: \$3.00

Total Charge: \$3.00

Available Payment Methods

Credit or Debit Card

[What type of credit or debit card can I use?](#)

Account Number:	<input type="text"/>
Expiration Date:	Month <input type="text"/> / Year <input type="text"/>
Cardholder's Name:	<input type="text" value="MERGE13 STAT16 TESTING"/>
Cardholder's Billing Address:	<input type="text" value="109 GERNANY WAY"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="BANBURG"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="20175"/> - <input type="text"/> <input checked="" type="checkbox"/>
Country (if U.S., leave blank):	<input type="text"/>

Credit Card On File

Your entity does not have any credit card accounts on file or you have not been assigned any credit card accounts by your administrator. For your convenience, credit card account information may be securely stored for future payments. Click Help for more information.

Pre-authorized Electronic Funds Transfer (EFT)

Your entity does not have an EFT account on file. Click Help for information on setting up an EFT account.

[Continue](#)