

## Dispute Resolution Progress

(Hover over a box to see a description of that phase)



A report has been filed on you. You can [view](#) the report using the link below. For more help using the Report Response Service, please see [Responding to Reports](#).

[View](#) the report

[Add or withdraw](#) a statement or dispute

[Request](#) Dispute Resolution

[Update](#) your password, email options, or mailing address

Date	Activity History
12/09/2014	The Dispute has been added to your report. The reporting entity will receive a copy of the report with your dispute. Any entity that submits a Data Bank query on you will see that you disputed the report. Entities that have queried on you and received this report in the past three years will also receive a copy of the updated report.
07/10/2014	WESTERN LITIGATION, INC. has submitted a report to the Data Bank.  DCN: 5500 Date of Payment: 06/10/2014

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.

[Hide](#) Public Burden Statement

#### 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 8 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 10-29, Rockville, MD, 20857.

**Report Type:** MEDICAL MALPRACTICE PAYMENT REPORT  
**Report Number:** 556  
**Subject's Name:**  
**Report Maintained Under:**  Title IV  
 Section 1921  
 Section 1128E

## REQUESTING DISPUTE RESOLUTION

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

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:

## 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.**

	Point of Dispute	Attachment
1.	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/> File Description: <input type="text"/>
2.	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/> File Description: <input type="text"/>
3.	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/> File Description: <input type="text"/>

## 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

The email address you provide will be used only to provide you with notifications that new activity has occurred concerning this report.

Email Address:

Confirm Email Address:

[Add another](#)


### Home Address/Address of Record

Street Address:

Address Line 2:

City:

State:  

ZIP Code:  -  

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

### Work Address

Street Address:

Address Line 2:

City:

State:

ZIP Code:  -

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

### Certification Data

I certify that I am the individual subject or the subject's duly appointed attorney for such matters identified in Section B of the referenced report, or that I am the designated employee representing the organization subject referenced in Section B, and I request that the action(s) above be taken.

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone:  Ext.

Date: 12/15/2014

[Continue](#)

[Return to Report Response Options](#)



DCN: 59

**the Data Bank**P.O. Box 10832  
Chantilly, VA 20153-0832<http://www.npdb.hrsa.gov>**REQUEST FOR DISPUTE RESOLUTION**

Before requesting a review by the Secretary of the U.S. Department of Health and Human Services (HHS), you first must 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 request that the Secretary review the report for accuracy. To give the reporting entity time to respond to the dispute, you should wait 60 days from the date of initiating discussions with the reporting entity before requesting Dispute Resolution.

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 the 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 or the appropriateness of, or basis for, an adverse action, judgment, or conviction. 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.

To proceed to request Dispute Resolution at this time, sign the bottom of this form and mail it to the above address. Any documentation supporting your position that was not uploaded on the previous screens should accompany this form. (Overnight express mail may be sent to: 4094 Majestic Ln, PMB-332, Fairfax, VA 22033.) Once the Data Bank receives your request for Dispute Resolution, your information will be processed. You will receive confirmation via U.S. mail when your information is forwarded to the Secretary for review.

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Report Type:	<b>MEDICAL MALPRACTICE PAYMENT REPORT</b>
Report Number:	550
Subject's Name:	
Report Maintained Under:	<input checked="" type="checkbox"/> Title IV <input type="checkbox"/> Section 1921 <input type="checkbox"/> Section 1128E



Date of Request for Dispute Resolution: 12/15/2014

Transaction DCN: 59500-----

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## SUBJECT STATEMENT

Below is the Subject Statement that you submitted in reference to the specified report.

## POINT OF DISPUTE

Below is the Point of Dispute that you submitted, describing the aspect(s) of the report you would like to dispute.

	Point of Dispute	Documentation
1	I didn't do it.	

## ADDITIONAL DOCUMENTATION AND PROOF

In addition to this form, you must submit the documentation to support your position. Supporting documentation that was not submitted electronically may be mailed with this form. **Your request for Dispute Resolution will not be processed without this documentation.**

- Pertinent documentation that supports your position that the reporting entity's information is not accurate. Such documentation must be limited to information that directly relates to the facts in dispute and substantially contributes to a determination of the accuracy of the facts in the report. Mailed documentation may not exceed 20 pages total, including attachments and exhibits. Such documentation might include a copy of the following items:
  - Written claim.
  - Settlement or release document.
  - Court judgment.
  - Written findings of arbitration or an alternative dispute resolution process.
- Proof that you attempted to resolve your disagreement with the reporting entity but were unsuccessful (e.g., a copy of your correspondence to the reporting entity and its response, if any).

## CERTIFICATION

**Authorized Submitter's Name:** ANITTA MANN  
**Authorized Submitter's Title:** TITLE  
**Authorized Submitter's Telephone:** (301) 301-3011  
**Certification Date:** 12/15/2014

I certify that I am the individual subject or the subject's duly appointed attorney for such matters identified in Section B of the referenced report, or that I am the designated employee representing the organization subject referenced in Section B, and I request that the Secretary of HHS review the disputed report. I understand that the Secretary will review the disputed report only for accuracy of factual information and to ensure that the information was required to be reported. I further certify that I have submitted documentation to support my position and proof that I attempted to resolve the disagreement with the reporting entity but was unsuccessful.

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Signature of Subject

Date of Signature

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END OF DOCUMENT

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[Return to Report Response Options](#)