Report Number: 5500000011111

Respond to a Report

Report Summary

55550000001111111 Federal governing statute(s Reported Action(s): - Rec - Lim

View Report

Request Dispute Res

Add a

Public Burden Statement

OMB # 0915-0126 expiration date MM/DD/YY

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 8 hours 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 14N-39, Rockville, Maryland, 20857.



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Sign Out

PRACTITIONER DATA BANK

The first step in the process of dispute resolution is for you to contact the organization that submitted the report to the NPDB (the reporting entity) and discuss your disagreement directly with them. Their contact information is listed on the report.

Respond to a Report

NATIONAL PRACTITIONER DATA BANK



Public burden statement

Report Summary

55550000001111111

Federal governing statute(s): Title IV

Reported Action(s): - Reduction of clinical privileges

- Limitation or restriction on certain procedure(s) or practice area(s)

View Report Add a Statement/Dispute Request Resolution Messages History Add	Account Profile
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Request Dispute Resolution

The first step in the process of dispute resolution is for you to contact the organization that submitted the report to the NPDB (the reporting entity) and discuss your disagreement directly with them. Their contact information is listed on the report.

If you are unable to reach resolution in direct discussions with the reporting entity, you may request dispute resolution, a review of the accuracy of the report by the Secretary of the U.S. Department of Health and Human Services.

If your case is accepted for resolution, the Secretary will only determine:

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

The Secretary will not review the merits of the action(s) reported. The Secretary can only determine if the action was reportable and if the report accurately describes the action(s) and the reasons the action(s) were taken. The Secretary cannot review the extent to which the reporting entity followed due process guidelines. Due process issues must be resolved between you and the reporting entity.

You may request dispute resolution online on after **Month dd**, **yyyy** (60 days after you added a dispute) **if you have proof** that you have contacted or attempted to contact the reporting entity to resolve your disagreement. Learn more about the dispute process

I request dispute resolution

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Respond to a Report

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View Report	Add a Statement/Dispute	Request Resolution	Messages	History	Account Profile	
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✓ I request dispute resolution

Is your contact information correct?

Update your addresses before you add a statement or dispute.

Mailing Address: 111 Test Street Test City, ST 11111

Email Address(es): test@email.com

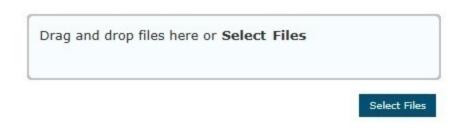
Did you attempt to resolve your dispute with the reporting entity?

- Yes, I did not receive a response
- Yes, the entity will not correct or void the report from the NPDB
- O No



Public burden statement

Provide proof of your attempt(s), such as a copy of email correspondence



Attach supporting document(s) for your dispute

Drag and drop files here or Select Files	
	Select Files

Add up to 7 points of dispute

Describe each aspect of the report you want to dispute. Remember that the Secretary's review will only determine

- Whether the report was filed in accordance with NPDB regulations and/or
- Whether the report accurately reflects the official written record of the action reported.

To expedite your request, add references to your supporting document(s) in the description of each dispute point you create (e.g. "See mydocument.pdf, page 3, line 4").

Point of dispute description

550 characters remaining

+ Additional point of dispute

Certification

I certify that I am authorized to submit this information. I am the subject of this report, the duly authorized attorney for the subject of this report or the designated employee representing the organization that is the subject of this report.

Your Name

Title

Enter "Self" if you are the individual subject of this report.

Phone	Extension (optional)		
	Ext.		

WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute

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State Changes

Label	PDF Name	ltem Type	Trigger
	Request for Dispute Resolution	Modal	When the user selects the Public Burden Statement link the modal is displayed.