

REPORTING COMPLIANCE

Have you received a response on a practitioner or organization and believe the response is incomplete or missing some information? Do you think a report should have been submitted by a licensure board, a hospital, a medical malpractice payer or other type of healthcare organization? If so please provide us with the following information. The NPDB will review the information to determine if the action was not properly reported.

Before you submit information on a missing report, please be advised that the reports you receive from the NPDB are based on your specific [eligibility](#).

Depending on the specific circumstances, certain actions may not be reportable to the NPDB. For more information on reporting requirements consult the [NPDB Guidebook](#).

Required fields are indicated with an asterisk (*).

SUBJECT INFORMATION

*Query DCN: 7950000115165505

Subject Name: TEST TEST TEST TEST

REPORTER INFORMATION

*Missing Report Type: CHOOSE ONE FROM LIST

*Name Of The Reporter That Should Have Submitted The Report:

*Reporter Type: CHOOSE ONE FROM LIST

Reporter Address

The missing report was submitted by our entity.

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

Street Address:

Address Line 2:

City:

State: CHOOSE ONE FROM LIST

ZIP Code:

Please provide any additional comments or information you think may be helpful:

Please verify your contact information. The NPDB may contact you for further information.

*Name: JANE TEST

*Telephone: 7035551212 Ext.

*E-mail Address: Test_49036@deve-npdb.hrsa.gov

[Submit to NPDB](#)

OMB Number 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 5 minutes per response, 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 Information Collection Clearance Officer, 14N39, 5600 Fishers Lane, Rockville, MD 20857.

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