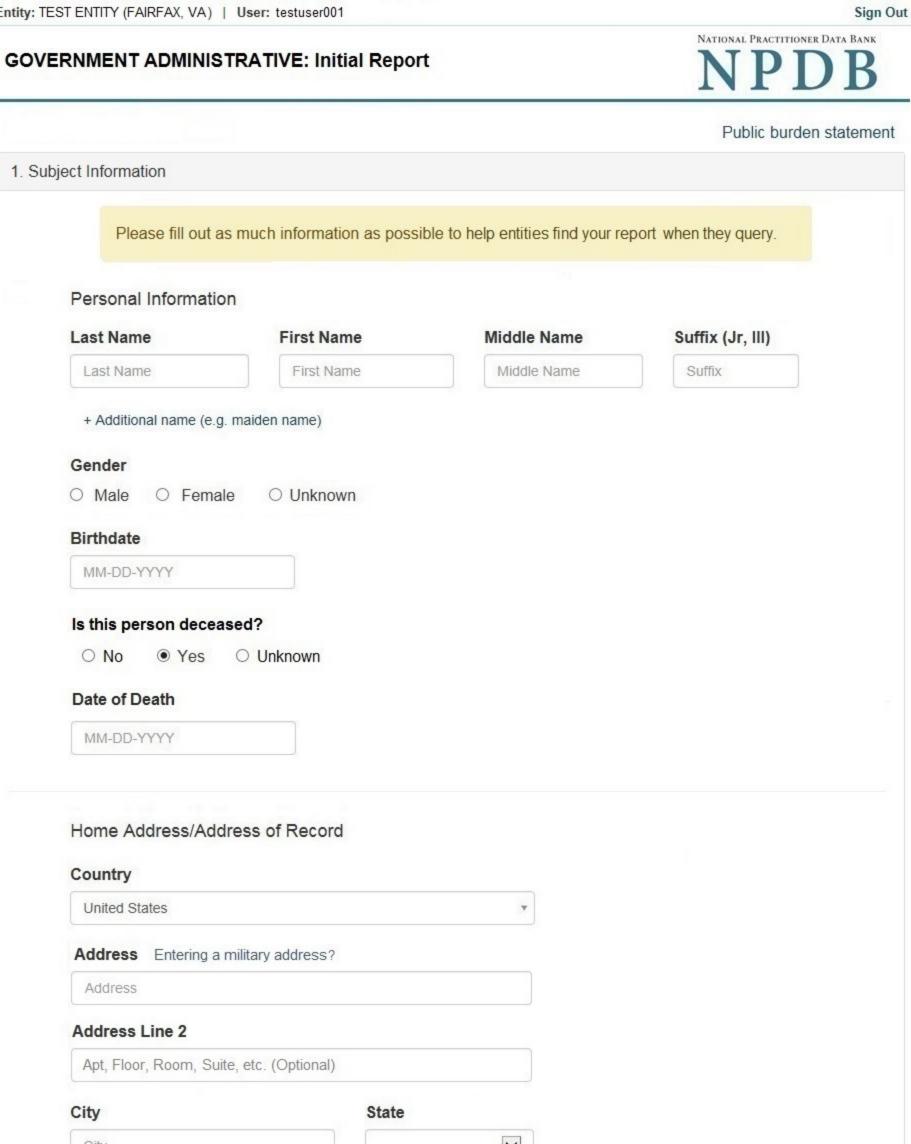
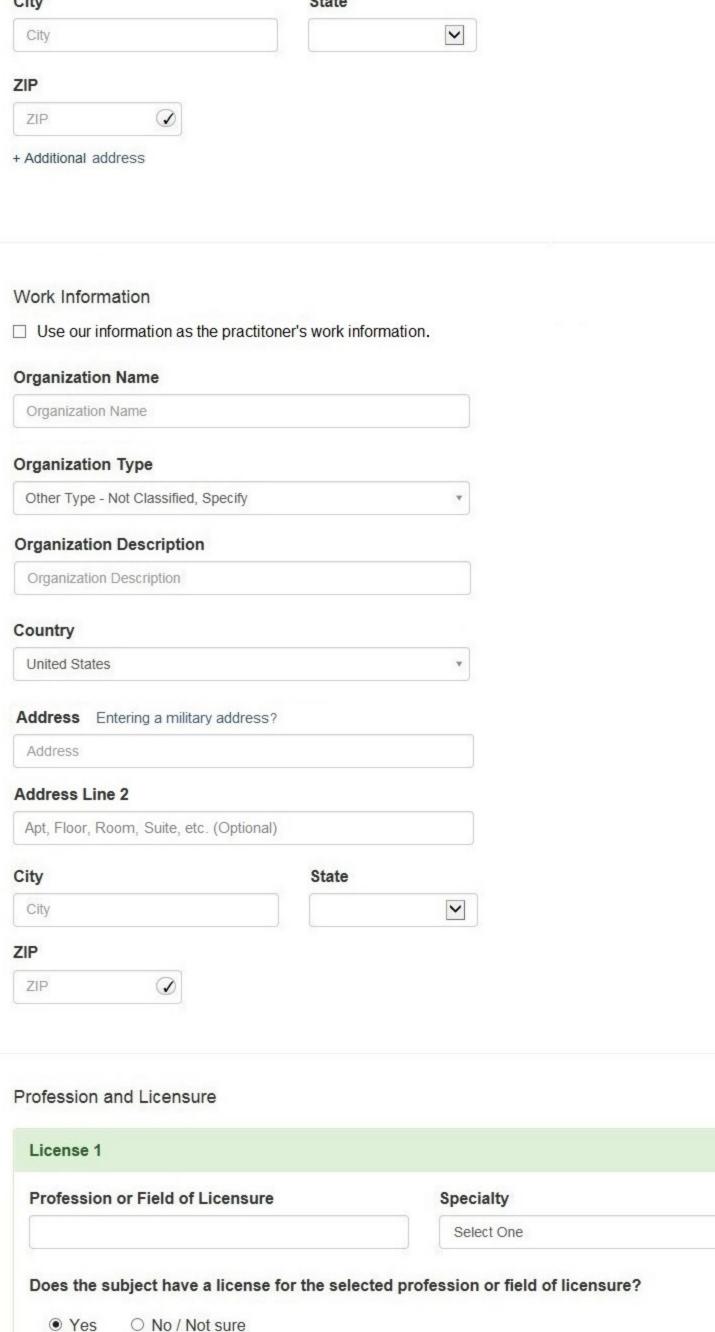
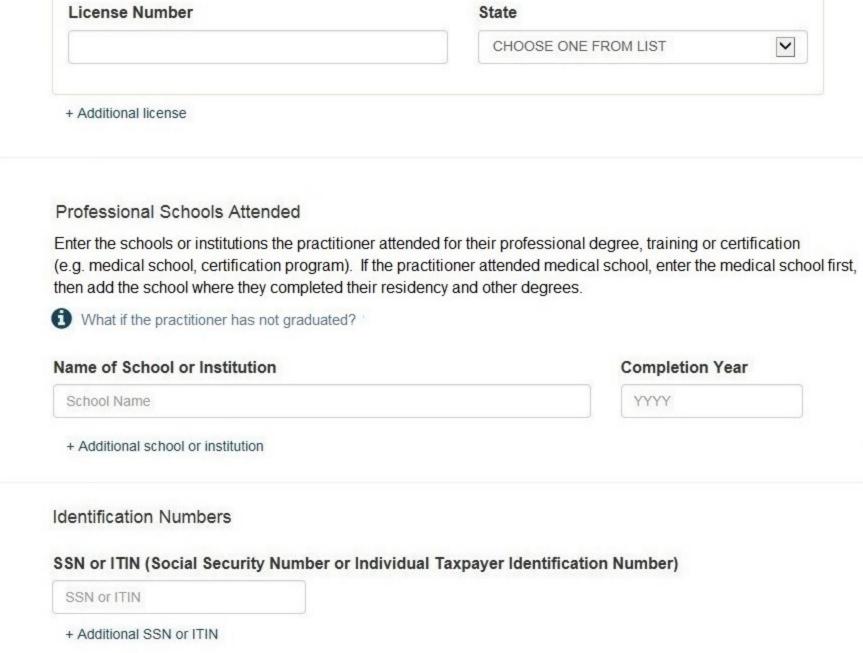


Entity: TEST ENTITY (FAIRFAX, VA) | User: testuser001







FEIN + Additional FEIN **UPIN (Unique Physician Identification Numbers)** UPIN + Additional UPIN

FEIN (Federal Employer Identification Number)

☑ Does the subject have an FEIN or UPIN identification number?

NPI (National Provider Identifier)

DEA (Drug Enforcement Agency) Number

NPI

DEA

+ Additional NPI

+ Additional DEA

Type of Affiliation

Select One

Entity Name

Entity Name

United States

Country

Address

To help queriers find your report, add the practitioner's NPI number if you know it.

Health Care Entity Affiliation Is the practitioner affiliated with a health care entity?

~

~

Address Line 2 Apt, Floor, Room, Suite, etc. (Optional) City State City ZIP ZIP + Additional affiliate ☐ Add this subject to my subject database

What is a subject database?

Address Entering a military address?

Save and finish later

Continue to next step

Return to Options

3. Certifier Information

2. Action Information

Select an Occupation or Field of Licensure



Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

Physician

Physician (MD)

Physician Resident (MD)

Osteopathic Physician (DO)

Osteopathic Physician Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical

Registered Nurse

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

Licensed Practical or Vocational Nurse

Public burden statement # Edit Subject Information 2. Action Information Adverse Action(s) Taken Select a type of action This action is related to certification agreements or contracts for participation in a federal or state health care program, including state nurse aide registry findings. This includes, but is not limited to: - Termination or suspension of certification agreement or contract for participation in a federal or state health care program - Loss of right to apply for or renew certification agreement or contract - Any negative action or finding that is publicly available related to certification agreement or contract, etc. This is an "other adjudicated action or decision." It is a formal or official final action which includes due process and is related to health care delivery or payment. This includes personnel-related actions such as suspension without pay, termination or other comparable actions. Clinical privileges and panel membership actions are reported separately. They are not reported as government administrative actions Find an Action Type a keyword Select up to 5 actions Voluntary termination of Medicaid or other state health care program participation after notification of investigation or disciplinary action ☑ Other action imposed by Medicaid or other state health care program - Not classified (Specify) Description Other action imposed by Medicare or other federal health care program - Not classified (Specify) Description Other Certification Action - Not classified (Specify) Description Selected Action(s): 3 Clear All Other action imposed by Medicaid or other state health care program - not classified (Specify) Other action imposed by Medicare or other federal health care program - not classified (Specify) · Other certification action - not classified (Specify) Basis for Action(s) Other Basis for Action - Not Classified, (Specify) Description Description + Additional basis for action Adverse Action Information What is the name of the agency or program that took the action? Name of Agency or Program Date the action was taken The date the decision for the action was issued, filed or signed. MM-DD-YYYY Date the action went into effect The starting date for the action. This may be the same as the date the action was taken or it may be different. MM-DD-YYYY How long will it remain in effect? O Permanently O Unknown / Indefinite A specifc period of time 0 Days Is reinstatement automatic after this period of time? No O Yes O Yes, with conditions (requires a Revision to Action report when status changes) Total monetary penalty, assessment, restitution or fine \$ 0000.00 Is the action on appeal? O No

Yes O Unknown Date of Appeal MM-DD-YYYY Describe the subject's acts or omissions and reason the action was taken Do not include any personally identifying information, such as names, for anyone other than this practitioner. Your narrative description helps querying organizations understand more about the action and why it was taken. 4000 characters remaining Optional Reference Numbers Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers. Entity Report Reference Customer Use is an optional field for you to create an identification for internal use. Your customer

use number is only available to your organization. **Customer Use**

Save and finish later

Continue to next step

Select a Basis for Action



Enter a keyword or phrase to find a basis. (Example: "failure")

Search

Non-Compliance With Requirements

Clinical privileges restricted, suspended or revoked by another hospital or health care facility

Debarment from federal or state program

Default on Health Education Loan or Scholarship Obligations

Exclusion or Suspension from a federal or state health care program

Failure to maintain adequate or accurate records

Failure to maintain records or provide medical, financial or other required information

Failure to perform contractual obligations

Failure to repay overpayment

Practicing with an expired license

Practicing without a license

GOVERNMENT ADMINISTRATIVE: Initial Report



Public burden statement

 Subject Information # Edit 2. Action Information # Edit

3. Certifier Information

Review your entries to be sure they are correct before you Submit to the NPDB.

Subject Information

Test Practioner Name:

Gender: Male

DOB: 01-01-1960

Practitioner Deceased: No

> Home Address: 555 Cabin Rd

> > Chantilly, VA 20111

Work Address: None/NA

Profession/Field of Licensure: Physician (MD)

> Specialty: General Surgery 111111 (VA) License Info:

SSN/ITIN. 55555555 NPI: None/NA

DEA: None/NA FEIN: None/NA UPIN: None/NA

Health Care Entity Affiliation: None/NA

Action Information

Adverse action(s) taken: Termination of Medicaid or other state health care

program participation

Basis of action(s): Failure to maintain adequate financial records

Agency or program taking the action: Test Agency Date the action was taken: 05-20-2017

Date the action became effective: 05-20-2017

Length of time the action will be in effect: Indefinite/unspecified

Total monetary penalty, assessment,

restitution, or fine: None/NA Action is on appeal?: No

> Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean

laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate,

orci, sed rhoncus sapien nunc eget.

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Your Name

TEST USER

Title

ADMIN

Phone Extension (optional)

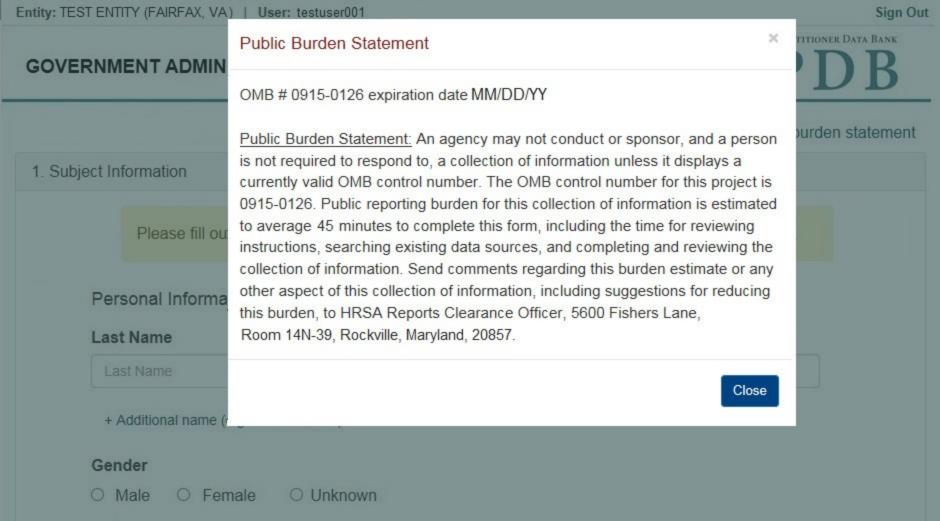
0005551111

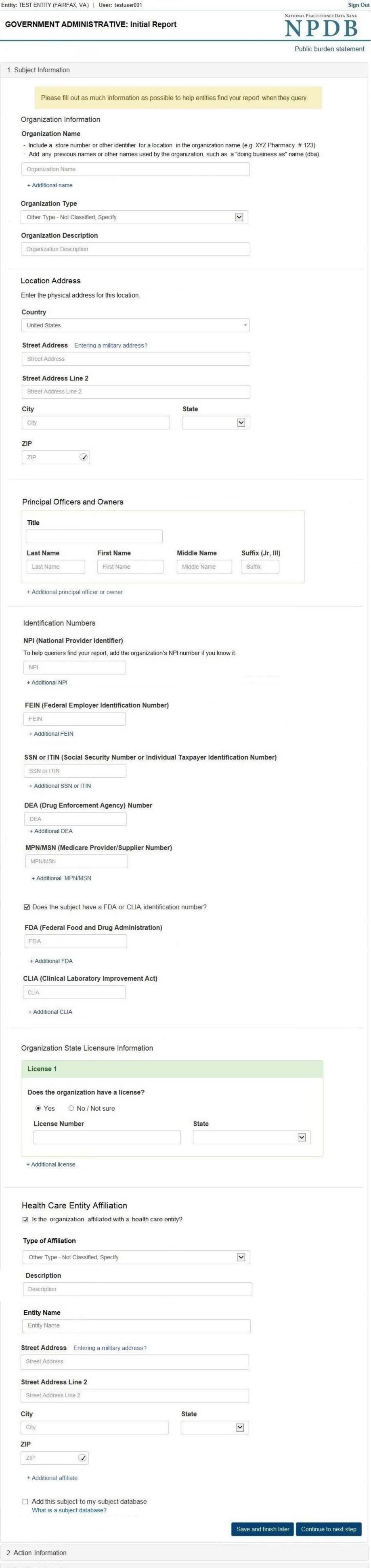
Ext.

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.

Submit to the NPDB





Sign Out NATIONAL PRACTITIONER DATA BANK GOVERNMENT ADMINISTRATIVE: Initial Report Public burden statement # Edit Subject Information 2. Action Information Adverse Action(s) Taken Select a type of action This action is related to certification agreements or contracts for participation in a federal or state health care program, including state nurse aide registry findings. This includes, but is not limited to: - Termination or suspension of certification agreement or contract for participation in a federal or state health care program - Loss of right to apply for or renew certification agreement or contract - Any negative action or finding that is publicly available related to certification agreement or contract, etc. This is an "other adjudicated action or decision." It is a formal or official final action which includes due process and is related to health care delivery or payment. This includes personnel-related actions such as suspension without pay, termination or other comparable actions. Clinical privileges and panel membership actions are reported separately. They are not reported as government administrative actions Find an Action Type a keyword Select up to 5 actions Voluntary termination of Medicaid or other state health care program participation after notification of investigation or disciplinary action ☑ Other action imposed by Medicaid or other state health care program - Not classified (Specify) Description Other action imposed by Medicare or other federal health care program - Not classified (Specify) Description ☑ Other Certification Action - Not classified (Specify) Description Selected Action(s): 3 Clear All · Other action imposed by Medicaid or other state health care program - not classified (Specify) Other action imposed by Medicare or other federal health care program - not classified (Specify) · Other certification action - not classified (Specify) Basis for Action(s) Other Basis for Action - Not Classified, (Specify) Description Description + Additional basis for action Adverse Action Information What is the name of the agency or program that took the action?

Name of Agency or Program
Date the action was taken
The date the decision for the action was issued, filed or signed.
MM-DD-YYYY
Date the action went into effect
The starting date for the action. This may be the same as the date the action was taken or it may be different
MM-DD-YYYY
•
low long will it remain in effect?
A specifc period of time
0 Days ▼
s reinstatement automatic after this period of time?
 No O Yes O Yes, with conditions (requires a Revision to Action report when status changes)
otal monetary penalty, assessment, restitution or fine
\$ 0000.00
• 0000.00
s the action on appeal?
O No Yes O Unknown

Do not include any personally identifying information, such as names.

Describe the subject's acts or omissions and reason the action was taken

Your narrative description helps querying organizations understand more about the action and why it was taken.

4000 characters remaining

Date of Appeal

MM-DD-YYYY

Entity Report Reference is an optional field that allows entities to add their own internal reference number

Optional Reference Numbers

to the report, such as a claim number. The reference number is available to all queriers. Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

Save and finish later

Continue to next step

Select a Basis for Action



Enter a keyword or phrase to find a basis. (Example: "failure")

Search

Non-Compliance With Requirements

Clinical privileges restricted, suspended or revoked by another hospital or health care facility

Debarment from federal or state program

Default on Health Education Loan or Scholarship Obligations

Exclusion or Suspension from a federal or state health care program

Failure to maintain adequate or accurate records

Failure to maintain records or provide medical, financial or other required information

Failure to perform contractual obligations

Failure to repay overpayment

Practicing with an expired license

Practicing without a license

GOVERNMENT ADMINISTRATIVE: Initial Report



Public burden statement

 Subject Information # Edit # Edit 2. Action Information 3. Certifier Information

Subject Information

Organization Name: Test Entity #1234

Review your entries to be sure they are correct before you Submit to the NPDB.

Clinic Organization Type:

Address: 555 Cabin Rd

Chantilly, VA 20111

Principal Officers and Owners: John Jones

> None/NA NPI: FEIN: 55-55555 SSN/ITIN: None/NA

DEA: None/NA MPN/MSN: None/NA FDA: None/NA CLIA: None/NA

License Info: 111111 (VA)

Health Care Entity Affiliation: None/NA

Action Information

Adverse action(s) taken: Termination of Medicaid or other state health care

program participation

Basis of action(s): Failure to maintain adequate financial records

Agency or program taking the action: Test Agency

Date the action was taken: 05-20-2017

Date the action became effective: 05-20-2017

Length of time the action will be in effect: Indefinite/unspecified

Total monetary penalty, assessment, restitution, or fine:

> Action is on appeal?: No

None/NA

Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo

sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate,

orci, sed rhoncus sapien nunc eget.

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Your Name

TEST USER

Title

ADMIN

Phone

Extension (optional)

0005551111

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.

Save and finish later

Submit to the NPDB

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Government Administrative (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Government Administrative (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Government Administrative (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that does not require information for a specialty.	"Specialty" is displayed in place of "Name of Occupation" if the selected profession or field of licensure requires specialty information.
Specialty	Government Administrative (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.
FEIN (Federal Employer Identification Number)	Government Administrative (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed in the individual form if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.

UPIN (Unique Physician Identification Numbers)	Government Administrative (1)	Below FEIN text entry	Text Entry	The field is displayed in the individual form if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
FDA (Federal Food and Drug Administration)	Government Administrative (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA, and text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Government Administrative (1)	Below text entry FDA (Federal Food and Drug Administration)	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA, and text entry fields.
Type of Affiliation	Government Administrative (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Entity Name	Government Administrative (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.

Country	Government Administrative (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries. United States is the default selection.
Address	Government Administrative (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Address Line 2	Government Administrative (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
City	Government Administrative (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
State	Government Administrative (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.

ZIP	Government Administrative (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Select up to 5 actions	Government Administrative (2)	Below selections for a type of action	Check Boxes	The appropriate fields are displayed for the user when either radio button is selected for the type of action.	Available selections are "This action is related to a certification agreements or contracts for participation in a federal or state health care program, including state nurse aide registry findings" and "This is an "other adjudicated action or decision.""
Description	Government Administrative (2)	Below an action requiring a description	Text Entry	The field is displayed if the user selects an action that requires a description.	
Description	Government Administrative (2)	Below Basis of Action(s)	Text Entry	The field is displayed if the user selects a basis of action that requires a description.	
Period of time number	Government Administrative (2)	Below "How long will it remain in effect?"	Text Entry	The field is displayed if the user selects "A specific period of time" option for "How long will it remain in effect?"	Selecting the radio button displays the number text entry and type of time period drop list.

Period of time type	Government Administrative (2)	Below "How long will it remain in effect?"	Drop List	The field is displayed if the user selects "A specific period of time" option for "How long will it remain in effect?"	Selecting the radio button displays the number text entry and type of time period drop list.
Is reinstatement automatic after this period of time?	Government Administrative (2)	Below "How long will it remain in effect?"	Radio Buttons	The fields are displayed if the user selects "A specific period of time" for "Is reinstatement automatic after this period of time?	Available options are "No," "Yes" and "Yes with conditions (Requires a Revision to Action report when status changes)
Date of Appeal	Government Administrative (2)	Below Is the action on appeal?	Text Entry	The field is displayed if the user selects Yes option for "Is the action on appeal?"	

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Government Administrative	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Government Administrative	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Government Administrative	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Government Administrative	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?"
Select a Basis for Action	Government Administrative	Modal	When the user sets focus on the Basis for Action(s) text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific basis or select a basis from the list without searching. The modal is hidden once the user selects a basis from the list. The user's selection populates the Basis for Action(s) text entry.