

## Respond to a Report

## Report Summary

5555000001111111

Federal governing statute(s)

Reported Action(s): - Rec

- Lim

View Report

Add a

## Request Dispute Res

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.

## 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.

Close

PRACTITIONER DATA BANK

PDB

Account Profile

Public burden statement

## Respond to a Report

### Report Summary

**5555000001111111**

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](#)[Account Profile](#)

### Request Dispute Resolution

[Public burden statement](#)

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](#)

[Request dispute resolution](#)

I request dispute resolution

[Exit](#)

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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
- No

## Add files that prove your attempt to resolve the dispute with the reporting entity

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

Drag and drop files here or [Select Files](#)

[Select Files](#)

## 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.

[Exit](#)

[Submit to the NPDB](#)

## State Changes

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