

# NPDB NATIONAL PRACTITIONER DATA BANK

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.

## Account Balance Transfer Request

To transfer your account balance with the NPDB to a credit or debit card or Electronic Funds Transfer (EFT) account, please type or print legibly, in ink, the information requested in Sections A and B.

### Section A: Entity Information

Data Bank Identification Number: \_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Extension \_\_\_\_\_

Printed Title of Entity Representative: \_\_\_\_\_

Printed Name of Entity Representative: \_\_\_\_\_

Signature of Entity Representative: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### Section B: Account Information

Transfer Balance to (check one):  Credit/Debit Card Account  Existing EFT Account on File with the NPDB

Amount to be Transferred: \$ \_\_\_\_\_ Type of Balance (check one):  Debit  Credit

**Note:** If a credit balance is issued, it must be applied to the original account that was debited.

Credit or Debit Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The NPDB is committed to protecting your privacy and your Personally Identifiable Information (PII). In accordance with HHS and HRSA policy, the NPDB will not accept unencrypted PII via email or fax. When completing this form, please mail to: The NPDB, P.O. Box 10832, Chantilly, VA 20153-0832. When the account balance transfer has been processed, a billing adjustment notification will be mailed to your organization.

### NPDB Assistance

For additional information or assistance, please contact the NPDB Customer Service Center at:

1-800-767-6732

Outside the U.S.: 1-703-802-9380

TT/TDD: 1-703-802-9395

Fax: 1-703-803-1964

Email: [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov)

Online: <http://www.npdb.hrsa.gov>

Open: Mon. - Thurs. 8:30 a.m. - 6:00 p.m. ET, Fri. 8:30 a.m. - 5:30 p.m. ET

Closed: Federal holidays