

QUERY INPUT

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Public Burden Statement ✕

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit ([45 CFR Part 60](#)). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .08 hours 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

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1. Subject Information

Please fill out as much information as possible to ensure a timely and accurate response.

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123).
- Add any previous names or other names used by the organization, such as a Doing Business As name (DBA).

Organization Name

+ Additional name

Organization Type

Other Type - Not Classified, Specify

Description

Description

Country

United States

Street Address

Address

Street Address Line 2

Address Line 2

City

City

State

ZIP

ZIP



Identification Numbers

FEIN (Federal Employer Identification Number)

FEIN

+ Additional FEIN

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

SSN or ITIN

+ Additional SSN or ITIN

NPI (National Provider Identifier)

For the fastest query response, add the organization's NPI number if you know it.

NPI

+ Additional NPI

DEA (Drug Enforcement Agency)

DEA

+ Additional DEA

 Does the subject have a FDA, CLIA, or MPN/MSN identification number?

FDA (Federal Food and Drug Administration)

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

Organization State Licensure Information

License 1

Does the organization have a license?

 Yes No/Not sure

License Number

State

 Check this box if you wish to store this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries.

Continue to Next Step

2. Payment

3. Certifier Information

Return to Options

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1. Subject Information

 Edit

2. Payment

Subjects to Query 1

Charge per Query X \$n.nn

Total for 1 Query \$n.nn

Available Payment Methods

 Credit Card On File

Account Number: *****5555

Expires: mm/yyyy

 Credit or Debit Card

What type of credit or debit card can I use?



Name on Card

Card Number

Expiration Date

Month Year

Country

United States

Billing Address

Address

Billing Address Line 2

Address Line 2

City

City

State

ZIP

ZIP Pre-authorized Electronic Funds Transfer (EFT)Your entity does not have an EFT account on file. [Learn how to authorize an electronic funds transfer](#) for future payments.

Continue to Next Step

3. Certifier Information

Return to Options

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1. Subject Information

 Edit

2. Payment

 Edit

3. Certifier Information

Please verify your information is correct.

Subject Information

 Edit

Organization Name: **Test Org**
 Organization Type: **Chiropractic Group/Practice**
 Address: **55 5th St**
Neola, IA 44444
 FEIN: *None/NA*
 SSN/ITIN: **444556666**
 NPI: *None/NA*
 DEA: *None/NA*
 FDA: *None/NA*
 CLIA: *None/NA*
 Medicare Provider/Supplier: *None/NA*
 License Info: **1111 (KY)**

Payment Information

 Edit

Payment Method: **Credit or Debit Card**
 Cardholder Name: **CARDHOLDER NAME**
 Card #: **4111111111111111**
 Exp: **nn/nnnn**
 Billing Address: **nnn Street Name**
City, ST nnnnn-nnnn

Federal regulations restrict and specify the use of NPDB information. Disclosure or use of such information for any other purpose may be subject to fine or imprisonment under federal statutes.

Select the purpose of your request for NPDB information and submit. The fees are charged when you click **Submit to the NPDB**.

Query Purpose:

Authorized Submitter's Name

Authorized Submitter's Title (e.g., Executive Assistant)

Authorized Submitter's Phone

Extension (optional)

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

WARNING:

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

Non-visible Questions

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--|--|---|---------------------|--|--|
| Organization Description | One-Time Query for an Organization (1) | Below Organization Type | Text Entry | The field is displayed if the user selects an organization type that requires a description. | |
| FDA (Federal Food and Drug Administration) | One-Time Query for an Organization (1) | Below checkbox "Does the subject have a FDA or CLIA identification number?" | Text Entry | The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?" | Selecting the checkbox displays FDA and CLIA text entry fields. |
| CLIA (Clinical Laboratory Improvement Act) | One-Time Query for an Organization (1) | Below FDA text entry | Text Entry | The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?" | Selecting the checkbox displays FDA and CLIA text entry fields. |
| Entity Selection | One-Time Query for an Organization (2) | After step 1 Subject Information | Check boxes | Entity Selection is only displayed if the entity is authorized to act as an agent to query on behalf of other entities. | All entities are listed for which the user is authorized to query. |

State Changes

| Label | PDF Name | Item Type | Trigger |
|---|--|------------|--|
| OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy | One-Time Query for an Organization | Modal | When the user selects the link the modal is displayed with the public burden statement content. |
| Subjects Available | One-Time Query for an Organization | Table | When the user selects the option to enroll from their subject database, the summary table of the subjects with previously saved subject information is displayed. The user select one or more names from the table, then select continue to enter payment information. |
| License Number | One-Time Query for an Organization | Text Entry | The field is disabled if the user selects the "No/ Not sure" option for "Does the organization have a license?" |