## NATIONAL PRACTITIONER DATA BANK

I OMB Number 0015 0126 Expiration Date: mm/dd/yyvy

Have you rece information, s of healthcare

by the legislat In addition, ce

Access to NF

Complete and are indicated

Subject Info

Query DCN: Subject Nam

Reporter In

\*Missing Rep CHOOSE ONE F

\*Name of the

\*Reporter Type CHOOSE ONE F

Reporter Add Street Address

Address Line

City

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 voluntary. 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.

te or missing some hospital or other type

query is determined

ook for details.

ise. Required fields

Close

Entity: ENTITY AB (ASHBURN, VA) | User: adminuser1

## REPORTING COMPLIANCE

Submit



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

Have you received a response on a practitioner or organization and believe the response is incomplete or missing some information, such as a report of a medical malpractice payment, an action taken by a licensure board, hospital or other type of healthcare organization?

Access to NPDB information is regulated by federal law. The information available when you submit a query is determined by the legislation authorizing your organization's eligibility to receive it.

In addition, certain actions may not be reportable according to federal law. Review the NPDB Guidebook for details.

Complete and submit the form below if you think a report is missing from a query or enrollment response. Required fields are indicated with an asterisk (\*).

Subject Information	
Query DCN: 7950000155480808	
Subject Name: BOB BUD	
Reporter Information	
*Missing Donot Type	
*Missing Report Type  CHOOSE ONE FROM LIST	
CHOOSE ONE FROM ELST	
*Name of the Reporter Who Should Have Submitted the Report	
*Donator Turn	
*Reporter Type CHOOSE ONE FROM LIST	
CHOOSE ONE FROM EIST	
Reporter Address (if known)	
Street Address	
Address Line 2	
Address Line 2	
City	
Ctata	
State CHOOSE ONE FROM LIST	
ZIP Code	
<u> </u>	
Country (if U.S., leave blank)	
Scarriery (in cites, locate blank)	
Add comments or details regarding the missing report.	22
	148
Whom should we contact if we need more information?	
*Name	
JACK RYAN	
*Dhara Namha	
*Phone Number	
1120223675 Ext.	
*Email	
email@ex.com	

Return to Previous Page

Return to Options

## **State Changes**

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Missing Report from Query	Modal	When the user selects the link the modal is displayed with the public burden statement content.