

NPDB

NATIONAL PRACTITIONER DATA BANK

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

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.

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

DBID: _____

Phone 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 Balance Credit Balance

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 cannot accept this form via email or fax because it collects PII. You must mail the completed form to The NPDB, P.O. Box 10832, Chantilly, VA 20153-0832. We will notify you after the transfer is processed. Please allow 2 weeks for processing.