OMB Number: 0915-0366; Expiration date: XX/XX/202X

Entities Survey: Module 28 Number of questions: 4

Authorized Agents: Reporting Related Demographics

between January 2018 and December 2020?
Type a number: Do not know (please explain)
Q 28.2. What is the average number of reports to the NPDB that your organization submitted per month between January 2018 and December 2020?
Please enter a number:
Q 28.3. For how many practitioners do you typically report per month ?
Type a number:
Q 28.4. For what types of organizations did your organization provide reporting services between January 2018 and December 2020? (Please select all that apply.)
Hospital or Hospital System Health Plan Other Health Care Entities (e.g., Group Practice, Community Health Center, Clinic, Urgent Care or Ambulatory Health Care Facility or another health care organization that is not a hospital) Medical Malpractice Payer Professional Society State Licensing Board or Certification Authority Federal Licensing Agency Other State Agency Other Federal Agency Other (Please Explain)
Piping Logic:
Survey will be directed to Module 29 next.