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NATIONAL PRACTITIONER DATA BANK
NPDB

PEER REVIEW ORGANIZATION: INITIAL REPORT

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

1. Subject **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 mandatory ([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 .75 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](#)

Practitioner's Address

Type of Address
If the home address is not known, enter a work address.

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1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Need Help ?

Personal Information

Last Name First Name Middle Name Suffix (Jr, III)

SMITH

[+ Additional name \(e.g., maiden name\)](#)

Gender

 Male Female Unknown

Birthdate

MM / DD / YYYY

Is this person deceased?

 No Yes Unknown

Date of Death

MM / DD / YYYY

Practitioner's Address

Type of Address

If the home address is not known, enter a work address.

Home Address/Address of Record

Country

United States

Address Entering a military address?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

Work Information

 Use our information as the practitioner's work information.

Organization Name

Organization Type

Work Address

Country

United States

Address Entering a military address?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

Profession and Licensure

Against which license or certification was the action taken?

Profession or Field of Licensure

Description (Optional)

Does the subject have a license for the selected profession or field of licensure?

 Yes No/Not sure

State

CHOOSE ONE FROM LIST

License Number

Add any other health care licenses the individual holds

[+ Additional license](#)

Professional Schools Attended

Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g., medical school, certification program).

What if the practitioner has not graduated?

Name of School or Institution

Completion Year

YYYY

[+ Additional school or institution](#)

Identification Numbers

SSN (Social Security Number)

[+ Additional SSN](#)

NPI (National Provider Identifier)

To help queriers find your report, add the practitioner's NPI number if you know it.

[+ Additional NPI](#)

DEA (Drug Enforcement Administration) Number

[+ Additional DEA](#) Does the subject have a FEIN or UPIN identification number?

FEIN (Federal Employer Identification Number)

[+ Additional FEIN](#)

UPIN (Unique Physician Identification Number)

[+ Additional UPIN](#)

Health Care Entity Affiliation

 Is the practitioner affiliated with a health care entity?

Type of Affiliation

CHOOSE ONE FROM LIST

Entity Name

Country

United States

Address Entering a military address?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

[+ Additional Affiliate](#) Add this subject to my subject database[What is a subject database?](#)

Save and finish later

Continue

2. Action Information

3. Certifier Information

Return to Options



What type of license are you reporting?

Search

Recently Used

Occupational Therapist ✖

Behavioral Health Occupations

Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST

Psychologist/Psychological Assistant

Psychologist

Psychologist - CERTIFIED

Rehabilitative, Respiratory and Restorative Service Practitioner

Occupational Therapist

Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

Health Care Facility Administrator

Health Care Facility Administrator

[Report a different license](#)

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1. Subject Information

Edit

2. Action Information

Finding(s)

Select up to 2 findings

- 1830 - Recommendation to Sanction
- 1889 - Other Finding - Not Classified, Specify

Basis for Finding(s)

Description

[+ Additional basis for finding](#)

Finding Information

Date of the finding

Description of the finding

Do not include any personally identifiable information, such as names, for anyone except the subject of this report.

Your [narrative description](#) helps querying organizations understand more about the finding and the reason for it.

There are **4000** characters remaining for the description.

[Spell Check](#)

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

Entity Report Reference

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

[Save and finish later](#)[Continue](#)

3. Certifier Information

[Return to Options](#)

Select a Basis for Finding



Enter a keyword or phrase to find a basis. (Example: "failure")

Search

Fraud, Deception, or Misrepresentation

Improper or Abusive Billing Practices

Submitting False Claims

Unsafe Practice or Substandard Care

Failure to Provide Medically Reasonable and/or Necessary Items or Services

Furnishing Unnecessary or Substandard Items or Services

Other

Other - Not Classified, Specify

Don't see what you're looking for?

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1. Subject Information

[Edit](#)

2. Action Information

[Edit](#)

3. Certifier Information

Review your entries to be sure they are correct before you Continue.**Subject Information** [Edit](#)

Subject Name: SMITH, JOHN

Other Name(s) Used: *None/NA*

Gender: UNKNOWN

Date of Birth: 01/01/1960

Organization Name: *None/NA*Work Address: *None/NA*City, State, ZIP: *None/NA*Organization Type: *None/NA*

Home Address: 5 5TH ST

City, State, ZIP: CLYO, GA 44444

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN): *None/NA*

Social Security Numbers (SSN): ***-**-6666

National Provider Identifiers (NPI): *None/NA*

Professional School(s) & Year(s) of Graduation: UNIVERSITY (2000)

Occupation/Field of Licensure: REGISTERED NURSE

State License Number, State of Licensure: 11111, KY

Drug Enforcement Administration (DEA) Numbers: *None/NA*Unique Physician Identification Numbers (UPIN): *None/NA*Name(s) of Health Care Entity (Entities) With Which
Subject Is Affiliated or Associated (Inclusion Does
Not Imply Complicity in the Reported Action): *None/NA*Business Address of Affiliate: *None/NA*City, State, ZIP: *None/NA*Nature of Relationship(s): *None/NA***Action Information** [Edit](#)

Type of Adverse Action: PEER REVIEW ORGANIZATION

Basis for Finding: IMPROPER OR ABUSIVE BILLING PRACTICES (55)

Type of Negative Finding: RECOMMENDATION TO SANCTION (1830)

Date of Finding: 03/01/2020

Description of Finding: Test narrative

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Authorized Submitter's Name

ADMIN ACCOUNT

Authorized Submitter's Title

VP

Authorized Submitter's Phone

11231231234

Ext.**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.

[Save and finish later](#)[Submit](#)[Return to Options](#)

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Peer Review Organization (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Peer Review Organization (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Peer Review Organization (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that does not require information for a specialty.	"Specialty" is displayed in place of "Description" if the selected profession or field of licensure requires specialty information.
Description	Peer Review Organization (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Description" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.
FEIN (Federal Employer Identification Number)	Peer Review Organization (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
UPIN (Unique Physician Identification Numbers)	Peer Review Organization (1)	Below FEIN text entry	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
Type of Affiliation	Peer Review Organization (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Entity Name	Peer Review Organization (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Country	Peer Review Organization (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries. United States is the default selection.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address	Peer Review Organization (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Address Line 2	Peer Review Organization (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
City	Peer Review Organization (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
State	Peer Review Organization (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
ZIP	Peer Review Organization (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	Peer Review Organization (2)	Below an a finding requiring a description	Text Entry	The field is displayed if the user selects a finding that requires a description.	
Description	Peer Review Organization (2)	Below Basis of Finding(s)	Text Entry	The field is displayed if the user selects a basis of finding that requires a description.	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Peer Review Organization	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Select a Profession or Field of Licensure	Peer Review Organization	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Peer Review Organization	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Peer Review Organization	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?"
Select a Basis for Finding	Peer Review Organization	Modal	When the user sets focus on the Basis for Finding(s) text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific finding or select an finding from the list without searching. The modal is hidden once the user selects a finding from the list. The user's selection populates the Basis for Finding(s) text entry.