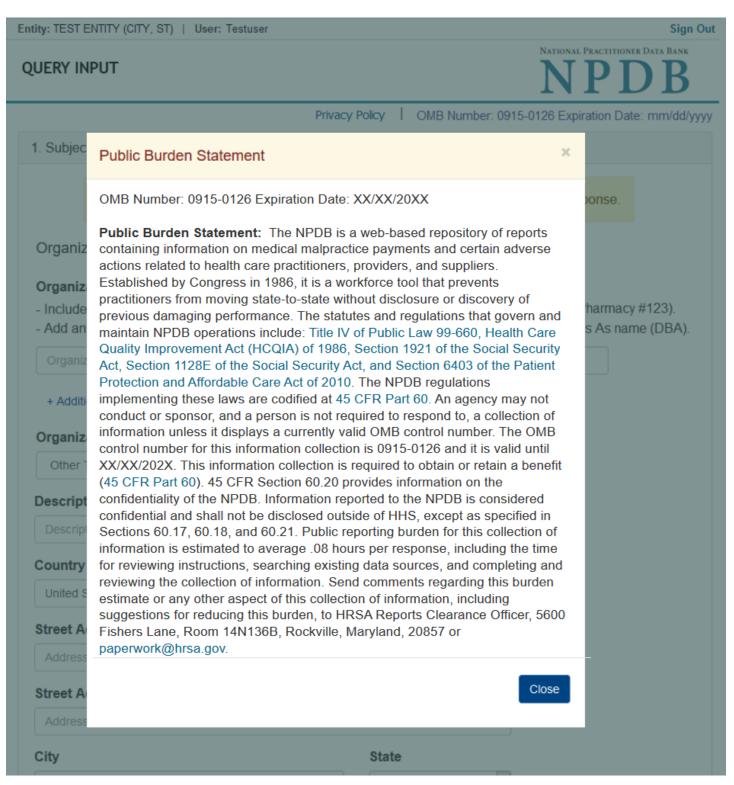
#### One-Time Query for an Organization Form and Instruction



# NATIONAL PRACTITIONER DATA BANK

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

## 1. Subject Information

QUERY INPUT

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		)i
City	State	
City	~	
ZIP		
ZIP		
Identification Numbers		
FEIN (Federal Employer Identification	Number)	

+ 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

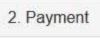
# MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

Organization State Licensure Information

License 1		
Does the organization have a license	?	
Yes O No/Not sure		
License Number	State	
1		~

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.



3. Certifier Information



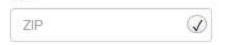
Continue

# QUERY INPUT



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

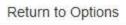
1. Subject Information				🖋 Edit
2. Payment				
Subjects to Query	1			
Charge per Query	(\$n.nn			
Total for 1 Query	\$n.nn			
Available Payment N	lethods			
O Credit Card On File				
Account Number:	*******	*5555		
Expires:	mm/yyyy			
Name on Card Card Number	DIS	Expiration Date Month Vear Vear		
Country				
United States			×	
Billing Address				
Address				
Billing Address Line	2			
Address Line 2				
City		State		
City			~	
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

## NATIONAL PRACTITIONER DATA BANK QUERY INPUT Privacy Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy 1. Subject Information JEdit 2. Payment Edit 3. Certifier Information Please verify your information is correct. / Edit Subject Information 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 411111111111111111 Card #: nn/nnnn Exp: Billing Address: nnn Street Name

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.

City, ST nnnnn-nnnn

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

## Query Purpose:

Choose a quer	y purpose from the list	~
	1 Each and a second sec	

## Authorized Submitter's Name

KRISTIN VESS

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

MANAGER, MEDICAL STAFF OFFICE

Authorized Submitter's Phone

Extension (optional)

2145907126

Ext

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.

Submit

Return to Options

## 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?"