



## REPORTING COMPLIANCE

[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 Report Type

\*Name of the Reporter Who Should Have Submitted the Report

\*Reporter Type

Reporter Address (if known)

Street Address

Address Line 2

City

State

ZIP Code

-

Country (if U.S., leave blank)

Add comments or details regarding the missing report.

## Whom should we contact if we need more information?

\*Name

\*Phone Number

 Ext. 

\*Email