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NATIONAL PRACTITIONER DATA BANK
NPDB

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

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 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.

[Close](#)

Have you received information, such as information from a hospital or other type of healthcare provider, that you are or were involved in a malpractice lawsuit? If so, please provide information about the lawsuit.

Access to NPDB information is determined by the legislature. The query is determined by the legislature.

In addition, certain information is not available. [Click here](#) for details.

Complete and accurate information is indicated. Required fields are indicated.

Subject Information

Query DCN: 7
Subject Name

Reporter Information

*Missing Report Type:

*Name of the Reporter:

*Reporter Type:

Reporter Address:

Street Address:

Address Line 2:

City:

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