

One-Time Query for an Organization Form and Instruction

Entity: MARYLAND MEDICAID FRAUD CONTROL UNIT (BALTIMORE, MD) | User: 01161060

Help Center | Sign Out

QUERY INPUT

1. Subject Information

Organization Information

Organization Name

- Include a store number or

- Add any previous names or

Organization Name

+ Additional name

Organization Type

Country

United States

Street Address

Address

Street Address Line 2

Address Line 2

Public Burden Statement

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

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](#), [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 0906-0081 and it is valid until mm/dd/yyyy. This information collection is required to obtain or retain a benefit (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 5 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, 13N82, Rockville, Maryland, 20857.

Close

NATIONAL PRACTITIONER DATA BANK

NPDB

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

QUERY INPUT

1. Subject Information

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

City

City

State

ZIP

ZIP

Identification Numbers

FEIN (Federal Employer Identification Number)

FEIN

+ 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 ☐ No/Not sure

License Number

State

☐ Add this subject to my subject database. [What is a subject database?](#)

Continue

2. Payment

3. Certifier Information

[Return to Options](#)

QUERY INPUT

NATIONAL PRACTITIONER DATA BANK

NPDB

Privacy Policy | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

1. Subject Information

Edit

2. Payment

Subjects to Query		1
Charge per Query	X	\$2.50
Total for 1 Query		\$2.50

Available Payment Methods

☒ Credit or Debit Card

What type of credit or debit card can I use?

VISA

MasterCard

AMERICAN EXPRESS

DISCOVER

Name on Card

MARYLAND MEDICAID FRAUD CONTROL UNIT

Card Number

Expiration Date

Country

United States

Billing Address

200 SAINT PAUL ST # 18

Billing Address Line 2

Address Line 2

City

State

ZIP

21202-2004

☐ Credit Card On File

There is no credit card on file to use for this payment. Learn how to store credit cards for future payments.

☐ 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

3. Certifier Information

Return to Options

QUERY INPUT

NATIONAL PRACTITIONER DATA BANK

NPDB

[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

1. Subject Information

Edit

2. Payment

Edit

3. Certifier Information

Please verify your information is correct.

Subject Information

Edit

Organization Name: TEST
Organization Type: Other Type - Not Classified, Specify
Organization Description: xxxx
Address: 1111 Jackson Ct
Falls Church, VA 22046-3834
FEIN: 541234567
SSN/ITIN: None/NA
NPI: None/NA
DEA: None/NA
FDA: None/NA
CLIA: None/NA
Medicare Provider/Supplier: None/NA
License Info: None/NA

Payment Information

Edit

Payment Method: Credit or Debit Card
Cardholder Name: MARYLAND MEDICAID FRAUD CONTROL UNIT
Card #: XXXXXXXXXXXX1111
Exp: 11/2026
Billing Address: 200 SAINT PAUL ST # 18
BALTIMORE, MD 21202-2004

Select the purpose of your query. 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.

Query Purpose:

Choose a query purpose from the list

Authorized Submitter's Name

TEST

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

TEST

Authorized Submitter's Phone

7777777777

Extension (optional)

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: 0906-0081 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?"