

## Subject Statement and Dispute Form and Instruction

RESPOND TO A REPORT

Report Summary

55000000726018

Federal governing

- Title IV

Reported Action(s)

- Failure to O

Add a Statement

The subject state

information to sup

Is your contact

Update your infor

Mailing Address

Email Address(es)

Your Statement

Do not include an

- Review it ar
- Add the stat
- Send the up

organization

You may add or e

Help Center | Sign Out

NATIONAL PRACTITIONER DATA BANK

NPDB

906-0081 Expiration Date: mm/dd/yyyy

Public Burden Statement

OMB Number: 0906-0081 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 0906-0081 and it is valid until XX/XX/202X. 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 45 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 Reports Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857.

Close

s), add facts and additional

ement, we will do the following:

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## Activate an NPDB Personal Account

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A personal account is a secure, single point of access to an individual's information in the National Practitioner Data Bank, or NPDB.

- Access a certified Self-Query response with a subscription
- View and respond to any reports you may have in the NPDB

### Activate an account

Review and accept the terms in the Rules of Behavior and Subscriber Agreement to activate an account.

☐ I accept the terms in the Rules of Behavior and Subscriber Agreement

**Submit**

PERSONAL PROFILE

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

We'll search the NPDB for reports that match your personal information and show you the results for free.

We received the following information from ID.me that you agreed to share. To change it, you must go directly into your [ID.me](#)  account. Information added to this form, such as maiden name, will not update your ID.me account.

**Name:** VERONICA C PERSINGER (received from ID.me)  
[+ Additional name \(e.g., maiden name\)](#)

**Birthdate:** July 09, 1942 (received from ID.me)

**SSN or ITIN:** \*\*\*\*\*3333 (received from ID.me)  
[+ Additional SSN or ITIN](#)

 For the fastest and most accurate search results, add all of the information you know. This includes all current or past professional health care licenses or certifications. If you do not have a license yet, select "No/Not sure". [Learn more](#)

Profession and Licensure

License 1

Profession or Field of Licensure

Physician (MD)

Specialty

Aerospace Medicine

▼

Do you have a license for your selected profession or field of licensure?

☒ Yes

☐ No/Not sure

State

VA Virginia

▼

License Number

123465

[+ Additional license](#)

NPI (National Provider Identifier)

You must enter your personal NPI if you have one. Leave this field blank if you do not have an NPI.

NPI

[+ Additional NPI](#)

 Add all schools or institutions you attended for your professional degree, training or certification (e.g., medical school, certification program). [Didn't graduate or attend a professional school?](#)

Professional Schools Attended

Name of School or Institution

UNIVERSITY OF VIRGINIA

Completion Year

2000

[+ Additional school or institution](#)

☐ Do you have a DEA, FEIN, or UPIN identification number?

**Sex**  
☐ Male ☒ Female ☐ I prefer not to answer

Home Address

[Do you have a military address?](#)

Country

United States

▼

Street Address (Include the apartment, suite, or floor number)

5971 KINGSTOWN VILLAGE PKWY FL 5

Street Address Line 2

Address Line 2

City

ALEXANDRIA

State

VA Virginia

▼

ZIP

20598-1333



Contact Information for Notifications

We will notify you of any new activities regarding your account. You can also elect to receive text message notifications if the contact number is for a mobile phone.

Edit or add email addresses to receive notifications

email@email.com

[+ Additional email address](#)

Contact Phone Number

1234567890

☒ This is a mobile phone

☐ Send text message notifications. (Carrier's fees may apply)

Cancel

Continue

Report Summary

5500000011111111

Federal governing statute(s):

- Title IV

Reported Action(s):

- Failure to Order Appropriate Medication

Add a Statement

The subject statement is your opportunity to tell your side of the story. If you disagree with the reported action(s), add facts and additional information to support your position.

Is your contact information correct?

[Update your information](#) before adding a statement or dispute.

Mailing Address: 4304 TEST RD  
TEST, ST 11111

Email Address(es): Test@email.com

Your Statement

Do not include any personally identifiable information, such as names or phone numbers. After you add a statement, we will do the following:

- Review it and redact any personally identifiable information.
- Add the statement to section D of the report. It will remain a part of the report until you edit or remove it.
- Send the updated report with your statement to all organizations who received a copy of your report in the last 3 years and to the organization that submitted the report.

You may add or edit your statement at any time.

Re: DCN: 5500000067014264 [CASE #3 on NPDB list] Date of Action: 02/25/2011  
-FAILURE TO MEDICATE Re: DCN: 5500000072601871 [CASE #1 on NPDB list] Date of Action: 12/30/2011 -FAILURE TO ORDER APPROPRIATE MEDICATION The above two Cases are the same. The complaint alleges FAILURE TO MEDICATE and FAILURE TO ORDER APPROPRIATE MEDICATION and that I was the Physician who followed the plaintiff in the Chronic Care Clinic [CCC] for his seizure disorder. This statement is FALSE. I was NOT the Chronic Care Physician during this patient's incarceration. I saw this patient two times only, [6/28/07 and 7/17/07], when the patient came to the medical department alleging that he had just had a seizure and I happened to walk by. At both those times the patient was in no distress, showed no signs of being post-ictal, and had no clinical evidence of having had a recent seizure. His drug levels were subsequently determined to have been therapeutic. Since I was NOT the CCC Physician whom the patient was regularly scheduled to see regarding his seizure disorder, seizure medications and other medical concerns, I was not responsible for seeing and did not see this patient any other time. I was not responsible for prescribing or monitoring his "proper seizure medication." I was also not at all aware that he had a psychiatric disorder. Since the pt allegedly had a seizure that allegedly 'caused' him to fall down stairs while he was on a second floor with railings all around, and with Officers and other inmates present, the unreported

1497 characters remaining

Spell Check

Adding a Dispute

Reports can only be changed by the organization that submitted the report or by the Secretary of the U.S. Department of Health and Human Services following a review. The report remains unchanged until the reporting entity or the Secretary changes it.

You may dispute a report if the following are true:

- Facts in the report are not accurate
- The report was not submitted in accordance with NPDB reporting requirements

You should not dispute the report for any other reasons such as your belief that the action, finding, or judgment was inappropriate. These can be added to your statement. For additional information, visit the [Guidebook, Chapter F](#).

Current Dispute Status

Dispute status is noted in Section E of the report. Disputed reports are not removed from the NPDB.

☐ Not disputed

☒ Dispute this report

Certification

I certify that I am authorized to submit this information. I am the subject of this report.

FIRST LASTNAME

Phone Number: (nnn) nnn-nnnn

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.

State Changes

| Label                                                         | PDF Name                         | Item Type | Trigger                                                                                            |
|---------------------------------------------------------------|----------------------------------|-----------|----------------------------------------------------------------------------------------------------|
| OMB Number:<br>0906-0081<br>Expiration<br>Date:<br>mm/dd/yyyy | Subject Statement<br>and Dispute | Modal     | When the user selects the link the modal is displayed<br>with the public burden statement content. |