

REQUEST DISPUTE RESOLUTION

[Privacy Policy](#)

OMB Number: 0906-0081 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 8 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 13N82, Rockville, Maryland, 20857.

on A of the report, to discuss your disagreement. If not resolve your dispute, you may request dispute

services to review the report. The Secretary
ration to conduct this review in the order in which
B.

wind

the action in the organization's written record.

Exit

Close

PERSONAL PROFILE

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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)

REQUEST DISPUTE RESOLUTION

[Your Account](#) > [Your Reports](#) > [Report Response](#) > Request Dispute Resolution For Report 5500-0000-1111-1111

Report summary for DCN: 5500000011111111

Federal governing statute(s):

- [Title IV](#)

Reported Action(s):

- Failure to Order Appropriate Medication

Before you can request dispute resolution, you must contact the reporting organization, in Section A of the report, to discuss your disagreement. If after 60 days you have contacted or attempted to contact the reporting organization and could not resolve your dispute, you may request dispute resolution.

Dispute resolution process

Dispute resolution is a request for the Secretary of the U.S. Department of Health and Human Services to review the report. The Secretary delegates the Division of Practitioner Data Bank of the Health Resources and Services Administration to conduct this review in the order in which they are received. The Division of Practitioner Data Bank is responsible for oversight of the NPDB.

The law strictly limits our jurisdiction for reviewing disputed reports. We can only review the following:

- If the report was submitted in accordance with [reporting requirements](#).
- If the reporting organization is [eligible](#) to report the information.
- If the report accurately depicts the action taken by the reporting organization and basis for the action in the organization's written record.

Any other issue must be resolved between you and the reporting organization.

Learn more about [dispute resolution](#).

☐ I request dispute resolution

Exit

Continue

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Report summary for DCN: 5500000011111111

Federal governing statute(s):

- [Title IV](#)

Reported Action(s):

- Failure to Order Appropriate Medication

Requesting dispute resolution does **not** remove your report from the NPDB. You will need to submit the following to request dispute resolution:

1. Proof that you contacted or attempted to contact the reporting organization to resolve your dispute (e.g., email or other written correspondence with the organization's response).
2. Supporting documentation that either proves that the information reported is not factually accurate or that the action was not reported in accordance with [reporting regulations](#).

Examples of relevant supporting documentation

Supporting documentation must prove your points of dispute and show that the report is either inaccurate or not submitted in accordance with [reporting regulations](#). Some examples of supporting documentation include the following:

- The written claim and settlement or release document of a medical malpractice payment
- A court judgment for judgment or conviction report
- The state or federal government licensing board's findings of fact and conclusions of law, such as a board order
- The final report of the hearing panel from the health care organization
- Meeting minutes or correspondence with the reporting organization

Examples of what we CANNOT review

The law strictly limits our jurisdiction for reviewing disputed reports. We have no legal authority to provide an independent medical investigation nor can we examine the validity of the information provided in the report. We will not consider documentation that is beyond the scope of our review authority. Some examples include, but are not limited to, the following:

- Arguments that you are not responsible for the incident that led to the reporting organization submitting a report
- How a reporting organization uses its bylaws, how practitioners are disciplined, or how they are afforded due process
- Examples of similar actions taken by other organizations
- Arguments that the underlying reasons for the action were not appropriate or fair
- Second professional opinions of the underlying reasons for the action taken
- Whether the subject of a report was informed of an ongoing investigation
- Whether malpractice was committed or whether the payment was justified
- Appropriate or inappropriate treatment
- Information from outside parties
- Medical journal articles or newspaper clippings
- Letters of recommendation or praise
- Copies of awards or certificates
- Résumés or curriculum vitae
- Diagnostic images or photographs
- Copies of medical or clinical procedure records

Out-of-scope issues must be resolved between you and the reporting organization. If the dispute is out-of-scope, we will issue a decision stating that your dispute is out-of-scope and note the decision on the report. For additional examples of out-of-scope information, visit the [Guidebook, Chapter F](#).

By selecting Continue, you confirm that your dispute is not out-of-scope as described above.

[Exit](#)
[Continue](#)

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Is your contact information correct?

[Update your information](#) before requesting dispute resolution.

Mailing Address: 4304 JOHN SILVER RD
VIRGINIA BEACH, VA 23455-2134

Email Address(es): Test_23930@deve-npdb.hrsa.gov

Did you attempt to resolve your dispute with the reporting organization?

- ☒ Yes, but I did not receive a response
- ☐ Yes, but the reporting organization will not correct or void the report
- ☐ No

Add dispute points

Describe each aspect of the report you want to dispute. The dispute resolution review will only determine the following:

- If the report was filed in accordance with [report regulations](#) and
- If the report accurately reflects the official written record of the action reported.

Add references to your supporting documents in the description of each dispute point you create (e.g., "See mydocument.pdf, page 3, line 4").

Dispute points and all documentation must be in English.

Add up to seven dispute points

Test dispute point

532 characters remaining

[+ Additional point of dispute](#)

To process your request we must have the following:

- Proof of an unsuccessful attempt to resolve the disagreement with the reporting organization (e.g., a copy of email correspondence with the reporting organization's response).
- Documentation supporting your position that the information reported is not correct. The documents must be directly related to the facts in dispute and substantially contribute to a determination of the accuracy of the facts in the report. **Do not include any personally identifiable information other than your own.**

Is an attorney assisting you?

Due to confidentiality restrictions, we cannot accept documents from or provide information to your attorney until we receive an authorization letter. Your attorney can provide this to you. You or a designated employee who is representing your organization must sign the letter and upload or mail it to us.

Upload your documents



To expedite your request and avoid processing delays, please upload documents electronically. If you are unable to upload documents, contact the [Customer Service Center](#).

To expedite your request, **only include relevant documentation and add references to your supporting documents** in the description of each dispute point you create (e.g., "See mydocument.pdf, page 3, line 4"). Submitting a large volume of documents or extraneous documentation will delay the review process.

Drag and drop files here or [browse and select files](#)

Attachments: 0

Certification

I certify that I am authorized to submit this information.

I certify that I have submitted or will submit documentation to support my position and proof that I attempted to resolve the disagreement with the reporting entity but was unsuccessful. I understand that my dispute resolution request will not be processed until all required documents are received.

Your Name

TEST TESTNAME

Your Phone Number

(503) 528-4724

Extension (optional)

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.

Exit

Submit

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy	Request for Dispute Resolution	Modal	When the user selects the link the modal is displayed with the public burden statement content.