

## QUERY RESPONSE

This query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

### A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

### B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name: DOE, JOHN  
Gender: MALE  
Date of Birth: 12/13/1946  
Other Name(s) Used: DOE, JOHN J JR  
Organization Name: ACME ORGANIZATION  
Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)  
Other, as Specified: THIS IS A SPECIAL ORGANIZATION  
Work Address: 123 MAIN STREET  
SUITE 400  
City, State, ZIP: FAIRFAX, VA 22033-4321  
Home Address: 1ST AVENUE  
APT # 123  
FAIRFAX, VA 22033-1234  
Social Security Numbers (SSN): \*\*\*-\*\*-7890  
Individual Taxpayer Identification Numbers (ITIN):  
Professional School(s) & Year of Graduation: ACME UNIVERSITY (2002)  
Occupation/Field of Licensure (Code): DENTIST (030)  
State License Number, State of Licensure: VA123, VA  
Specialty: ORAL AND MAXILLOFACIAL RADIOLOGY (DA)  
Occupation/Field of Licensure (Code): DENTIST (030)  
State License Number, State of Licensure: 45334, MD  
Specialty: ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS (D6)  
Drug Enforcement Administration (DEA) Numbers: 123456897987  
National Provider Identifiers (NPI): 1234567890  
Federal Employer Identification Numbers (FEIN): 123456789  
Unique Physician Identification Numbers (UPIN): 484848

### C. ENTITY INFORMATION

Entity Name: TEST QUERIER (DBID ending in ...52)  
Authorized Agent: TEST AGENT  
Authorized Submitter's Name: JOE SMITH  
Authorized Submitter's Title: SUPERVISOR  
Authorized Submitter's Telephone: (123) 456-7890 Ext. 11