

CONFIRMATION OF PDS ENROLLMENT AS OF 06/01/2010

Subject is currently enrolled for continuous querying under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

A. REPORTS ON FILE WITH THE DATA BANK(S) AS OF 06/01/2010

Based on the subject identification information provided, the following report(s) were found:

Type of Report(s)	Report Number(s)
Medical Malpractice Payment Report(s):	7940000061149139
State Licensure Action(s):	None
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Clinical Privileges Action(s):	None
Health Plan Action(s):	None
Professional Society Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	None
Peer Review Organization Action(s):	7940000061149297

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

Subject Name: DOE, JOHN R JR
Entity Subject Identification Number:
Gender: MALE
Date of Birth: 06/01/1933
Other Name(s) Used: DOE, JOHN RICHARD JR
Organization Name: MEDICAL ORGANIZATION
Organization Type:
Work Address: 123 MAIN STREET
12
City, State, ZIP: FAIRFAX, VA 22033
Home Address: 345 SOME STREET
234
City, State, ZIP: FAIRFX, VA 22033
Social Security Numbers (SSN): ***-**-7777
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
Professional School(s) & Year of Graduation: SCHOOL (1998)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 123456789, VA
Specialty: AEROSPACE MEDICINE (03)
Occupation/Field of Licensure (Code): OTHER OCCUPATION - NOT CLASSIFIED, SPECIFY (899)
Other, as Specified: VALID 899 DESCRIPTION
State License Number, State of Licensure: 036059249, IL
Drug Enforcement Administration (DEA) Numbers: 978678968976
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN): 111222333
Unique Physician Identification Numbers (UPIN): A11111

C. ENROLLMENT INFORMATION

NPDB Enrollment Status: Enrolled
NPDB Enrollment Dates: 06/01/2010 - 06/30/2011*
HIPDB Enrollment Status: Enrolled
HIPDB Enrollment Dates: 06/01/2010 - 06/30/2011*

* Unless enrollment is canceled by the entity prior to this date

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

PDS ID: 300000000505595

DCN: 7940000061149341

Process Date: 06/01/2010 **Page:** 2 **of** 2

DOE, JOHN R JR

For authorized use by:

TEST QUERIER

D. ENTITY INFORMATION

Entity Name: TEST QUERIER (DBID ending in ...52)
Authorized Agent:
Authorized Submitter's Name: JOHN SMITH
Authorized Submitter's Title: MEDICAL STAFF COORDINATOR
Authorized Submitter's Telephone: 12345678 901-2345 Ext. 54687

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 7940000061149139

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: HERITAGE HEALTH SYSTEMS
Address: 4888 LOOP CENTRAL DRIVE SUITE 700
City, State, Zip: HOUSTON, TX 77081
Country:
Name of Office: MICHELLE OGASS
Title or Department: PPO CREDENTIALING COORDINATOR
Telephone: (713) 965-9444 Ext. 1184
Entity Internal Report Reference:
Type of Report: CORRECTION
Previous Report Number: 7940000061149120 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN
Other Name(s) Used:
Gender: MALE
Date of Birth: 06/01/1933
Organization Name:
Work Address: 123 MAIN STREET
123
City, State, ZIP: FAIRFAX, VA 11111
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): ***-**-7777
Professional School(s) & Year(s) of Graduation: SCHOOL NAME (2000)
Occupation/Field of Licensure (Code): PROFESSIONAL COUNSELOR, FAMILY/MARRIAGE (657)
State License Number, State of Licensure: 123456789, AR
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 06/01/2010
Relationship of Entity to This Practitioner: STATE MEDICAL MALPRACTICE PAYMENT FUND AS THE PRIMARY PAYER FOR THIS PRACTITIONER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 1.00
Date of This Payment: 12/12/2008
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 1.00
Payment Result of: PAYMENT PRIOR TO SETTLEMENT
Date of Judgment or Settlement, if Any:
Adjudicative Body Case Number:

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7940000061149139
Process Date: 06/01/2010
Page: 2 of 3
DOE, JOHN
For authorized use by:
TEST QUERIER

Adjudicative Body Name:
Court File Number:
Description of Judgment or Settlement and Any
Conditions, Including Terms of Payment: ASDF

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All
Practitioners in This Case: \$ 1.00
Number of Practitioners for Whom This Payer Has Paid
or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund
Made a Payment for This Practitioner in This Case, or Is Such a
Payment Expected to Be Made?:
Amount Paid or Expected to Be Paid by the State Fund:
Has a Self-Insured Organization and/or Other Insurance
Company/Companies Made Payment(s) for This Practitioner in
This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: UNKNOWN
Patient's Gender: MALE
Patient Type: INPATIENT
Description of the Medical Condition With Which the Patient
Presented for Treatment: THIS IS THE TEST REPORT.

Description of the Procedure Performed: THIS IS THE TEST REPORT.

Nature of Allegation: ANESTHESIA RELATED (010)
Specific Allegation: FAILURE TO DIAGNOSE (101)
Date of Event Associated With Allegation or Incident: 12/11/2008
Outcome: INSIGNIFICANT INJURY (02)
Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based: ASDF

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7940000061149139
Process Date: 06/01/2010
Page: 3 of 3
DOE, JOHN
For authorized use by:
TEST QUERIER

If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/01/2010
Date of Most Recent Change: 06/01/2010

END OF REPORT

ADVERSE ACTION REPORT

PEER REVIEW ORGANIZATION ACTION

Report Number: 7940000061149297

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY
Address: 10 TEST LANE
City, State, Zip: FAIRFAX, VA 22033
Country:
Name of Office: JANE DOE
Title or Department: SUPERVISOR
Telephone: (111) 222-3333
Entity Internal Report Reference: REF1234
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN
Other Name(s) Used: DOE, JOHN RICHARD JR
Gender: MALE
Date of Birth: 06/01/1933
Organization Name: MEDICAL ORGANIZATION
Work Address: 123 MAIN STREET
12
City, State, ZIP: FAIRFAX, VA 22033-4321
Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)
Other, as Specified: THIS IS A SPECIAL ORGANIZATION
Home Address: 345 SOME STREET
234
City, State, ZIP: FAIRFAX, VA 22033-1234
Deceased: NO
Federal Employer Identification Numbers (FEIN): 111223333
Social Security Numbers (SSN): ***-**-7777
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: SCHOOL (1998)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 123456789, VA
Specialty: AEROSPACE MEDICINE (03)
Occupation/Field of Licensure (Code): OTHER HEALTH CARE PRACTITIONER - NOT CLASSIFIED, SPECIFY (699)
State License Number, State of Licensure: 036059249, IL
Other, as Specified: VALID 699 DESCRIPTION
Drug Enforcement Administration (DEA) Numbers: 978678968976
Unique Physician Identification Numbers (UPIN): A11111
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7940000061149297
Process Date: 06/01/2010
Page: 2 of 2
DOE, JOHN
For authorized use by:
TEST QUERIER

City, State, ZIP:
Nature of Relationship(s):

**C. INFORMATION
REPORTED**

Type of Adverse Action: PEER REVIEW ORGANIZATION
Basis for Finding: IMPROPER OR ABUSIVE BILLING PRACTICES (55)
Type of Negative Finding: RECOMMENDATION TO SANCTION (1830)
Date of Finding: 03032009
Description of Finding: NARRATIVE DESCRIPTION.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/01/2010
Date of Most Recent Change: 06/01/2010

END OF REPORT