

## DOE, JOHN

### TEST REPORTER

#### PEER REVIEW ORGANIZATION ACTION

Date of Action: 03/03/2009

##### Initial Action

##### Basis for Initial Action

- RECOMMENDATION TO SANCTION

- IMPROPER OR ABUSIVE BILLING PRACTICES

#### A. REPORTING ENTITY

Entity Name: TEST REPORTER  
Address: 7555 TEST ST  
City, State, Zip: WASHINGTON, DC 20000  
Country:

Name or Office: JANE SMITH  
Title or Department: CERTIFIER  
Telephone: (222) 333-4444  
Entity Internal Report Reference:

Type of Report: INITIAL

#### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN  
Other Name(s) Used:  
Sex: MALE  
Date of Birth: 12/13/1946  
Organization Name: ACME ORGANIZATION  
Work Address: 123 MAIN STREET  
SUITE 400  
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: 1ST AVENUE  
APT # 123  
City, State, ZIP: FAIRFAX, VA 22033-1234  
Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-7890 National

Provider Identifiers (NPI): 1245319599

Professional School(s) & Year(s) of Graduation: ACME UNIVERSITY (2002)

Occupation/Field of Licensure: DENTIST

State License Number, State of Licensure: VA123, VA

Specialty: ORAL AND MAXILLOFACIAL RADIOLOGY

Occupation/Field of Licensure: DENTIST

State License Number, State of Licensure: 45334, MD

Specialty: ORTHODONTICS AND DENTOFACIAL

ORTHOPEDECS Drug Enforcement Administration (DEA) Numbers: 1234567890

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): HOSPITAL

Business Address of Affiliate: 456 MAIN STREET  
SUITE 111  
City, State, ZIP: RESTON, VA 28281-1234  
Nature of Relationship(s): OTHER RELATIONSHIP - NOT CLASSIFIED, SPECIFY (999)  
Other, as Specified: THIS IS A RELATIONSHIP

**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: 03/03/2009  
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 a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 05/15/2019  
Date of Most Recent Change: 05/15/2019

**This report is maintained under the provisions of: Section 1921**

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**END OF REPORT**