

PUBLIC, JOHN Q.

TEST ORGANIZATION

CORRECTION TO MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 02/02/2013

Initial Action

- SETTLEMENT

Basis for Initial Action

- DELAY IN TREATMENT

A. REPORTING ENTITY

Entity Name: TEST ORGANIZATION

Address: 333 TESTING ST

City, State, Zip: WASHINGTON, DC 20000

Country:

Name or Office: JOHN DOE

Title or Department: TECHNICIAN

Telephone: (333) 444-5555

Entity Internal Report Reference: ABC000123

Type of Report: CORRECTION

Previous Report Number: 7950000134819502 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUBLIC, JOHN Q.

Other Name(s) Used:

Sex: MALE

Date of Birth: 02/02/1950

Organization Name: TEST ORGANIZATION

Work Address: 333 TESTING ST

City, State, ZIP: WASHINGTON, DC 20000

Home Address: 100 HOME STREET

City, State, ZIP: CITY, VA 12345

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-9999

National Provider Identifiers (NPI): 1234567893

Professional School(s) & Year(s) of Graduation: PROFESSIONAL SCHOOL (1980)

Occupation/Field of Licensure (Code): CHIROPRACTOR State

License Number, State of Licensure: NO LICENSE, AL Drug Enforcement

Administration (DEA) Numbers:

Hospital Affiliation(s): GENERAL HOSPITAL

SPRINGFIELD,VA

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Date of Report: 06/14/2018

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1,453.32 Date of

This Payment: 02/02/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 1,453.32

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 02/05/2013

Adjudicative Body Case Number: Adjudicative

Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: DESCRIPTION OF THE SETTLEMENT

Total Number of Claimants Included in The Settlement: 2

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: \$ 1,453.32

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONERHas a State Guaranty Fund or State Excess Judgment Fund Made a Payment f
or This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: UNKNOWN

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?: UNKNOWN

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)**

Primary Claimant's Age at Time of Initial Event: UNKNOWN

Primary Claimant's Sex: MALE

Primary Claimant's Type: OUTPATIENT

Description of the Medical Condition With Which the

Primary Claimant Presented for Treatment: DESCRIPTION OF THE CONDITION

Description of the Procedure Performed: DESCRIPTION OF THE PROCEDURE

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: DELAY IN TREATMENT (202)

Date of Event Associated With Allegation or Incident: 02/02/2012

* Outcome: EMOTIONAL INJURY ONLY (01)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: DESCRIPTION OF THE INJURY

**D. SUBJECT
STATEMENT**

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

Queriers, please note:

The practitioner/subject entered the statement shown below in response to an earlier version of this report. The reporting entity changed the report after the practitioner/subject prepared the statement. As of the date this query response was processed, the practitioner/subject has not changed the statement in response to the changes in the report.

Date Submitted: 06/14/2018

I DISPUTE THIS REPORT

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:

Queriers, please note:

The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement shown below. After the Dispute Resolution decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.

Date Submitted: 06/14/2018

THIS DISPUTE HAS BEEN DENIED

Date of Original Submission: 06/14/2018

Date of Most Recent Change: 06/14/2018

This report is maintained under the provisions of: Title IV

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. 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.

END OF REPORT