

https://www.npdb.hrsa.gov

Continuous Query ID: 300000009594645

DCN: 7950000165420111 Process Date: 12/22/2020

Page: 1 of 1 DOE, JOHN R JR For authorized use by: TEST HOSPITAL

DOE, JOHN R JR - CONTINUOUS QUERY RESPONSE

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

Practitioner Name: DOE, JOHN R JR

Date of Birth: 06/01/1933 **Gender:** MALE

Organization Name: TEST HOSPITAL

Organization Type: MEDICAL GROUP/PRACTICE (365)

Work Address: Home123 MAIN ST, BALTIMORE, MD 21222-6125 324 **Address:**TESTING ROAD, WASHINGTON, DC 20000

Social Security Number: ***-**-8888

License: PHYSICIAN (MD), 12345678910, MD, AEROSPACE MEDICINE

Professional School(s): MEDICAL SCHOOL (1955)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 12/22/2020 - 12/31/2021*

* Unless enrollment is canceled by the entity prior to this date Title IV; Section 1921; Section

Statutes Queried: Entity 11281

Name: Authorized TEST HOSPITAL (DBID ending in ...29)
Submitter: JANE SMITH, CEO, (748) 562-3322

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/22/2020

The following report types have been searched:

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

TEST 2

TITLE IV CLINICAL PRIVILEGES

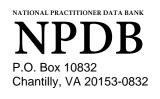
Basis for Action: - CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY ANOTHER HOSPITAL OR HEALTH

CARE FACILITY

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES Date of Action: 02/01/2020

DCN: 7950000165420107

	Unabridged Report(s) Follow	
--	------------------------------------	--



https://www.npdb.hrsa.gov

DCN: 7950000165420107 Process Date: 12/22/2020

Page: 1 of 2 DOE, JOHN R JR For authorized use by:

TEST HOSPITAL

DOE, JOHN R JR

TEST 2

TITLE IV CLINICAL PRIVILEGES ACTION

Initial Action

- REVOCATION OF CLINICAL PRIVILEGES

- CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY ANOTHER HOSPITAL OR HEALTH CARE

Basis for Initial Action

Date of Action: 02/01/2020

FACILITY

A. REPORTING ENTITY

Entity Name: TEST 2
Additional Name: TEST
Address: 34 AVENUE C
City, State, Zip: BISON, KS 43343

Country:
Name or Office: TEST
Title or Department: TEST

Telephone: 34324324 324-2343 Entity

Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL) Subject Name: DOE, JOHN R JR

Other Name(s) Used:

Gender: MALE
Date of Birth: 06/01/1933

Organization Name: Work Address: City, State, ZIP:

Home Address: 324 TESTING ROAD City, State, ZIP: WASHINGTON, DC 20000

Deceased: NO

Social Security Numbers (SSN): ***-**-8888

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: MEDICAL SCHOOL (2000)

Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 12345678910, MD

Specialty: AEROSPACE MEDICINE

Drug Enforcement Administration (DEA) Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is

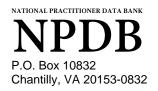
Affiliated or Associated (Inclusion Does Not Imply Complicity in the

Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):



https://www.npdb.hrsa.gov

DCN: 7950000165420107 Process Date: 12/22/2020

Page: 2 of 2

DOE, JOHN R JR For authorized use by: TEST HOSPITAL

C. INFORMATION
REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Basis for Action: CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY

ANOTHER HOSPITAL OR HEALTH CARE FACILITY (A8)

Adverse Action

Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610) Date Action Was Taken: 03/01/2020 Date Action

Became Effective: 02/01/2020 Length of Action: INDEFINITE

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity: test report		
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: 12/22/2020 Date of Most Recent Change: 12/22/2020	

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 -