

DOE, JOHN R JR - ONE-TIME 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: Home Address: 123 MAIN ST, BALTIMORE, MD 21222-6125 324
 TESTING ROAD, WASHINGTON, DC 20000
Social Security Number: ***-**-8888
License: PHYSICIAN (MD), 12345678910, MD, AEROSPACE MEDICINE
Professional School(s): MEDICAL SCHOOL (1955)

B. QUERY INFORMATION

Statutes Queried: Query Type: Title IV; Section 1921; Section 1128E
 This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: TEST HOSPITAL (DBID ending in ...29)
Authorized 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):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s): DEA/	No Reports
Exclusion or Debarment Action(s):	No Reports	Federal Licensure Action(s): Judgment	No Reports
Government Administrative Action(s):	No Reports	or Conviction Report(s): Peer Review	No Reports
Clinical Privileges Action(s):	Yes, See Below	Organization Action(s):	No Reports

TEST HOSPITAL 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 -----

DOE, JOHN R JR

TEST HOSPITAL 2

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 02/01/2020

Initial Action

Basis for Initial Action

- REVOCATION OF CLINICAL PRIVILEGES

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

A. REPORTING ENTITY

Entity Name: TEST HOSPITAL 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):

**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