



Jane Doe

Background Report - National Practitioners Data Bank Report Sample

Subject Information

Name: JANE DOE
 Social Security Number: XXX-XX-1234
 Date of Birth: 02/10/1981
 Year of Birth Range: 1980 TO 1982
 Name Matching: HIGHLY PROBABLE NAME MATCH
 Address: ,

Order Information

User ID: USER ID
 User Name: USER NAME
 Account ID: ACCOUNTID
 Account Name: ACCOUNT NAME
 Request ID: 1234567890
 Reference: STL
 Permissible Purpose: EMPLOYMENT (FCRA)
 Report Status: PROCESS COMPLETE
 Search Request Date: 10/11/2006 1:41:40 PM
 Search Complete Date: 10/16/2006 11:24:26 AM

Disclaimer

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

REPORT SUMMARY

PRODUCT NAME

National Practitioner Data Bank (NPDB) ⓘ

Review of healthcare practitioners professional credentials.

➤ Only products with results will provide a link to another section of the report.

RESULTS

Results Found

NATIONAL PRACTITIONER DATA BANK (NPDB)

National Practitioner Data Bank (NPDB)

National Practitioner Data Bank
 Healthcare Integrity and Protection Data Bank

P.O. Box 10832
 Anytown, VA 12345-0832

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

DCN: 1234567891234567
 Process Date: 10/12/2006
 Page: 1 of 1

Doe, Jane
 For authorized use by:
 Group

NPDB QUERY RESPONSE

A. SEARCH RESULT

Based on the subject identification information provided by you in Section B below, a search of the NPDB has located the following report(s):

NO REPORTS FOUND

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: Doe, Jane
Gender: FEMALE
Date of Birth: 01/01/1980
Other Name(s) Used:
Organization Name:
Organization Type:
Work Address: 936 Main Street
NONE
ST LOUIS, MO 63031
City, State, ZIP:
Home Address:
City, State, ZIP:
Social Security Numbers (SSN): XXX-XX-1234
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation:
Occupation/Field of Licensure (Code): OTHER HEALTH CARE PRACTITIONER - NOT CLASSIFIED, SPECIFY (699)
State License Number, State of Licensure: 1234567890, MO
Other, as Specified: OTHER
Specialty:
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. ENTITY INFORMATION

Data Bank Identification Number(DBID): 1234567890
Entity Name: Entity Name
Authorized Agent: Authorized Agent
Authorized Submitter's Name: Authorized Submitter's Name
Authorized Submitter's Title: COMM, REPORTING AND DEP. OP. SPECIALIST
Authorized Submitter's Telephone: (xxx) xxx-xxxx

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