Dear Doctor,

In the interest of recruiting and employing the highest quality physicians/providers to our communities, HCA Physician Services now requires that physicians/providers interested in an employed position perform a self-query of the National Practitioner Data Bank (NPDB). This self-query only takes a few moments and costs just $16.00.

To make this process as convenient as possible for physicians/providers interested in our employed opportunities, HCA Physician Recruitment has outlined the steps to follow below as well as enclosed an Overview and Helpful Hints from the NPDB website.

Process for Self-Query to NPDB:

- Access the NPDB website at http://www.npdb-hipdb.hrsa.gov/queryrpt.html
- Click on Self-Query Service
- Click on Go To Self-Query Service
- Read and acknowledge Rules of Behavior
- Choose Individual Self-Query and print application
- Sign application in the presence of a licensed Notary Public and mail to NPDB
- Once the NPDB has received and processed your request*, the results will be sent back to you at your designated address
- Then forward a copy of the results to HCAPS (Market Manager or Recruiter)

We appreciate your cooperation in this process. Please let me know if you have any questions.

***All self-query applications must be submitted electronically through the NPDB-HIPDB Web site. In addition, a signed and notarized copy must be mailed to the Data Banks to complete the self-query process.**

Overview

Print these helpful hints for reference. All self-query applications must be submitted through the on-line Self-Query Service. Complete the required information on the Self-Query Input screen and then print a copy of the generated self-query. Sign the formatted copy (in ink) in the presence of a notary public and mail the notarized form to the NPDB-HIPDB. Some helpful hints are:

- The NPDB-HIPDB employs the latest technology, along with various implementation measures, to provide a secure environment for transmitting information to the Data Banks. Security features include firewall protection from unauthorized access and encryption of transmitted data to prevent unauthorized use.
- Effective July 1, 2004, all self-query requests are assessed a $8.00 fee for each Data Bank, for a total of $16.00. The fee must be paid for by credit card (VISA, MasterCard, Discover, or American Express). Self-queries that are missing credit card information are rejected.
- All self-queries must be notarized. Forms that are not notarized are rejected.

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Individual Self-Query Fields

- Individual Name: Enter your Last, First, and Middle Names and any Suffix (e.g., Jr., Sr., III). Do NOT enter M.D., D.O., D.D.S., R.N., etc.
- Other Name Used: Enter Last, First, and Middle Names and any Suffix of other names used (e.g., Maiden Name).
- Gender: Select Male or Female, as appropriate.
- Birth Date: Enter your birth date in MMDDYYYY format (e.g., May 11, 1946 = 05111946).
- Work Organization Name: Enter your Organization Name and select the Organization Type from the pick list. If you select Organization Type 999, enter a description in the Organization Description field.
- Address: Enter the complete address (home or work) to which you would like your response sent. Complete the Country field only if your address is not in the U.S.

- Federal Employer Identification Number (FEIN): If available, enter your nine-digit FEIN (in XXXXXXXXX format), that was assigned to you by the IRS.

- Social Security Number: Enter your nine-digit U.S. Social Security Number in NNNNNNNNN format.

- Individual Taxpayer Identification Number (ITIN): Enter your nine-digit ITIN in 9NNNNNNNN format.

- National Provider Identifier (NPI) Number: If available, enter your NPI number(s), issued by the Centers for Medicare & Medicaid Services (CMS).

- Drug Enforcement Administration (DEA) Number: If available, enter each DEA number that you hold.

- Unique Physician Identification (UPI) Number: If available, enter your UPI number, issued by Medicare.

- Education Information: Enter the name of each Professional School Attended and the Year of Graduation in YYYY format. If you did not graduate, provide the name of the school and the four digits of the last year of attendance. If you did not attend a professional school, provide the name of the certificate program and the year it was completed.

  If you did not attend a professional school or complete a certificate program, enter "None" in the Professional School Attended and enter the year the State authorize you to provide health care services in the Year of Graduation.

- Licensure Information: Enter each U.S. License Number that you currently hold, select the State in which the license is held, and select the three-digit Occupation/Field of Licensure Code for the license. If you have no U.S. license, or if you hold a temporary or foreign license, enter "No License" in the License Number field and select an Occupation/Field of Licensure Code. Leave the State field blank.

- Report Password Preference: In this section, specify whether you wish to include or omit the Report Password in your self-query results.

  If you are the subject of a report, you will be assigned a unique, confidential password to access the Report Response Service. This service allows you to add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Banks.

  If you plan to share your self-query results with another person or organization, such as a State licensing board (i.e., a third party), you may wish to omit password information from your self-query results.

- Credit Card Number: Enter your credit card number and the expiration date in MMYYYY format (e.g., December 2002 = 122002).

- Cardholder Name and Cardholder Billing Address: Enter the cardholder name as listed on the card and the cardholder billing address. If it is identical to the address information submitted in the self-query, you may click the box provided to copy address information from above.

- Certification and Notarization: Sign and date the form in the presence of a Notary Public. The Notary must: (1) fill in the date on which the individual appeared, (2) print his/her name, (3) sign the form, (4) provide the date his/her commission expires, (5) affix his/her seal. If the Notary Public does not have a stamp or seal, the Notary must provide other proof of his or her office (e.g., a copy of his or her Notary certificate).