National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

ACCOUNT BALANCE TRANSFER REQUEST

To transfer your account balance with the Data Bank to a credit card or Electronic Funds Transfer (EFT) account, please type or print legibly, in ink, the information requested in Sections A and B. Numbers in parentheses indicate the maximum number of characters including spaces and punctuation allowed per field.

Section A: Entity Information

Data Bank Identification Number (15): |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Printed Title of Entity Representative (40): _____

Printed Name of Entity Representative (40): _____

Signature of Entity Representative: _____

Signature Date: _____

Section B: Account Information

Transfer Balance to (check one): ____ Credit Card Account ____ Existing EFT Account on File With the Data Banks

Amount to be Transferred: $ |_|_|_|_|_|_|_|.|_|_|
dollars cents

Type of Balance (check one): _____ Debit Balance

NOTE: If a credit balance is issued, it must be applied to the original account that was debited.

Credit Card Number (Visa, MasterCard, Discover, or American Express):

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Credit Card Expiration Date (MM/YY): |_|_|_|_|

Cardholder's Name (40): _____

Cardholder's Billing Address (40): _____

(40): _____

City (28): _____ State (2): _____ ZIP Code (10): _____

When the Data Bank has processed the account balance transfer, a billing adjustment notification will be mailed to your organization. For additional information, visit the Data Bank Web site at *http://www.npdb-hipdb.hrsa.gov*. If you need assistance, contact the Data Bank Customer Service Center by e-mail at *help@npdb-hipdb.hrsa.gov* or by phone at 1-800-767-6732 (TDD 703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Data Bank Customer Service Center is closed on all Federal holidays.

The Data Bank is committed to protecting your privacy and your Personally Identifiable Information (PII). In accordance with HHS and HRSA policy, the Data Bank will not accept unencrypted PII via email or fax. When completing this form, please mail to: The Data Bank, P.O. Box 10832, Chantilly, VA 20153-0832.