

MEDICAL ASSOCIATES INC.

STATE BOARD

JUDGMENT OR CONVICTION REPORT

Date of Action: 02/02/2012

Initial Action

Basis for Initial Action

- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

- FRAUDULENT BILLING/COST REPORTING

A. REPORTING ENTITY

Entity Name: STATE BOARD
Address: 555 TEST ST
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of Office: JANE SMITH
Title or Department: CERTIFIER
Telephone: (222) 333-4444
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: MEDICAL ASSOCIATES INC.
Other Organization Name(s) Used:
Business Address: SAMPLE AVENUE
City, State, ZIP: BRIDGEPORT, CT 22222
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Names and Titles of Principal Officers and Owners (POO): DOE, JOHN M
Federal Employer Identification Numbers (FEIN): 123456789
987654321
Social Security Numbers (SSN):
Individual Taxpayer Identification Numbers (ITIN):
State License Number, State of Licensure: 123456789, CT
123456789, VA
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI): 4444444444
Medicare Provider/Supplier Numbers: 1000001000001
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: SAMPLE HOSPITAL
SAMPLE STREET
City, State, ZIP: RESTON, VA 11111
Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

C. INFORMATION REPORTED

Venue (Court): COURT
Jurisdiction: FEDERAL COURT
City, State of Court: CITY, AL
Docket/Court File Number: 5151515151515
Prosecuting Agency or Civil Plaintiff: AGENCY
Case Number Used by Prosecuting Agency: 555
Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)
Investigating Agency(Agencies):
Case Number(s) Used by Investigating Agency(Agencies):

DCN: 7940000075289849
Process Date: 10/03/2012
Page: 2 of 2
MEDICAL ASSOCIATES INC.
For authorized use by:
STATE BOARD

Statutory Offense(s) and Count(s): 7, 7 (7)
Act or Omission Code(s): FRAUDULENT BILLING/COST REPORTING (200)
Narrative Description of Act(s) or Omission(s): DESCRIPTION.
Date of Judgment/Sentence: 02/02/2012

Judgment/Sentence

Restitution Amount: \$ 456.32
Other Sentence/Judgment Amount: \$ 0.00
Suspended Sentence: Years: Months: 6 Days: 15
Probation: Years: Months: Days:
Community Service: Hours:
Other:

Subject identified in Section B has appealed the reported adverse action.

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.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 10/03/2012
Date of Most Recent Change: 10/03/2012

This report is maintained under the provisions of: Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act as codified in 45 CFR Part 61. 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