



A98 7 5 @5 GGC7 5 H9 G' B7 "

GH5 H9 '6 C5 F8

GH5 H9 ' @7 9 BGI F9 '57 HCB

8 UH' cZ5 Wjcb. 10/01/2012

b]hU '5 Wjcb

6 Ujlg' Zf' b]hU '5 Wjcb

- DIRECTED PLAN OF CORRECTION

- LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS

5 "F9 DCF HB;  
9 BH HM

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

6 "GI 6 >97 H  
8 9 BH 7 5 HCB  
B: CFA5 HCB  
fCF; 5 B N5 HCB L

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

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

Drug Enforcement Administration (DEA) Numbers:  
Clinical Laboratory Act (CLIA) Numbers:  
Food and Drug Administration (FDA) 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.): SAMPLE HOSPITAL  
Business Address of Affiliate: SAMPLE STREET  
City, State, ZIP: RESTON, VA 11111  
Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

**C. INFORMATION REPORTED**

Type of Adverse Action: STATE LICENSURE  
Basis for Action: LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS (32)  
Name of Agency or Program That Took the Adverse Action Specified in This Report: LICENSING AGENCY  
Adverse Action Classification Code(s): DIRECTED PLAN OF CORRECTION (3202)  
Date Action Was Taken: 09/22/2012  
Date Action Became Effective: 10/01/2012  
Length of Action: INDEFINITE  
Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 1,000.00  
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO  
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: DESCRIPTION.

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

Date of Appeal: 10/01/2012

**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 1921 (NPDB), Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 60; and 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**

**MEDICAL ASSOCIATES INC.**

**5HCFB9M; 9B9F5 @**

**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: ATTORNEY GENERAL  
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):

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**