

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 7930000052535538

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

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A. REPORTING ENTITY

Entity Name: REPORTING ENTITY
Address: 111 PARK STREET
City, State, ZIP: ALEXANDRIA, VA 11111
Entity Internal Report Reference (e.g., claim number): REF123
Name or Office: JANE DOE
Title or Department: ADMINISTRATOR
Telephone: (111)222-3333
Type of Report: CORRECTION OF REVISION TO ACTION
Related Report Number: 7930000052535533

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORG
Other Name(s) Used: PT ORGANIZATION
Business Address: 333 ELM STREET
SUITE 3
City, State, ZIP: LAS VEGAS, NV 33333
Country:
Names and Titles of Principal Officers and Owners: DOE, JOHN
Federal Employer Identification Numbers (FEIN): 123456789
Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
National Provider Identifiers (NPI): 123456789
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Other, as Specified:
State License Number, State of Licensure: 123456789, NV
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: 123456789123
Clinical Laboratory Improvement Act (CLIA) Numbers: 1234567891
9876543219

9876543211

Food and Drug Administration (FDA) Numbers: 1234567
7654321
9876543

Medicare Provider/Supplier Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject
Is Affiliated or Associated (Inclusion Does Not Imply
Complicity in the Reported Action.): AFFILIATED PT ORGANIZATION
Business Address of Affiliate: 333 ELM STREET

City, State, ZIP: LAS VEGAS, NV 33333

Country:

Nature of Relationship(s):

Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program
that Took the Adverse Action
Specified in This Report: TEST AGENCY

Adverse Action Classification Code(s): LICENSE OR CERTIFICATE RESTORED OR REINSTATED,
COMPLETE (3281)

Other, as Specified:

REDUCTION OF PREVIOUS LICENSURE ACTION (3295)

Date Action Was Taken: 01/04/2009

Date Action Became Effective: 01/05/2009

Length of Action: SPECIFIC PERIOD

Years: 5

Months: 0

Days: 5

Total Amount of Monetary Penalty, Assessment
and/or Restitution:

Is Subject Automatically Reinstated After Adverse
Action Period Is Completed?: YES

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 OF ACT(S) OR OMISSION(S) OR OTHER REASONS
FOR ACTION TAKEN

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

Date of Appeal: 01/05/2009

**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 one or more boxes below are 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: 01/05/2009

Date of Most Recent Change: 01/05/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): PHYSICAL THERAPY GROUP
PHYSICAL/OCCUPATIONAL THERAPY ORGANIZATION
PT GROUP

END OF REPORT