

## QUERY RESPONSE

This query was processed under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

### A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Type of Report(s)	Report Number(s)
State Licensure Action(s):	7930000052535533 7930000052535538
Exclusion or Debarment Action(s):	None
Government Administrative Action(s):	None
Health Plan Action(s):	None
DEA/Federal Licensure Action(s):	None
Judgment or Conviction Report(s):	7930000052535677

### B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name: PHYSICAL THERAPY ORG  
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)  
Other Name(s) Used: PT ORGANIZATION  
Work Address: 333 ELM STREET  
SUITE 3  
City, State, ZIP: LAS VEGAS, NV 33333  
Social Security Numbers (SSN): 123-45-6789  
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321  
State License Number, State of Licensure: 123456789, NV  
Drug Enforcement Administration (DEA) Numbers: 123456789123  
Medicare Provider/Supplier Numbers:  
Clinical Lab. Improvement Act (CLIA) Numbers: 1234567891 9876543219 9876543211  
Food and Drug Administration (FDA) Numbers: 1234567 7654321 9876543  
Federal Employer Identification Numbers (FEIN):  
National Provider Identifiers (NPI): 123456789

### C. ENTITY INFORMATION

Entity Name: QUERYING ENTITY (DBID ending in ...40)  
Authorized Agent:  
Authorized Submitter's Name: MARY MILLER  
Authorized Submitter's Title: ENTITY USER  
Authorized Submitter's Telephone: (111) 222-3333 Ext. 66666

## ADVERSE ACTION REPORT

### STATE LICENSURE ACTION

Report Number: 7930000052535533

This report is maintained under the provisions of:

Title IV (NPDB)  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, and 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.

#### A. REPORTING ENTITY

Entity Name: REPORTING ENTITY \*

Address: 111 PARK STREET

City, State, Zip: ALEXANDRIA, VA 11111

Country:

Entity Internal Report Reference  
(e.g., claim number):

Name of Office: JANE DOE

Title or Department: ADMINISTRATOR

Telephone: (111) 222-3333

Type of Report: INITIAL

\*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME

Address: 777 PINE STREET

City, State, Zip: PHILADELPHIA, PA 11111-3333

Country:

Name of Office: JOE SMITH

Title or Department: SUPERVISOR

Telephone: (111) 222-3333

#### B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORG

Other Organization Name(s) Used: PT ORGANIZATION

Business Address: 333 ELM STREET

SUITE 3

City, State, ZIP: LAS VEGAS, NV 33333

Country:

Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)

Other, as Specified:

Names and Titles of Principal Officers and Owners (POO): DOE, JOHN

Federal Employer Identification Numbers (FEIN): 123456789

Social Security Numbers (SSN): 123-45-6789

Individual Taxpayer Identification Numbers (ITIN): 987-65-4321

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 Act (CLIA) Numbers: 1234567891

9876543219

9876543211

Food and Drug Administration (FDA) Numbers: 1234567

7654321

9876543

National Provider Identifiers (NPI): 123456789

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.):

Business Address of Affiliate:

City, State, ZIP:

Country:

Nature of Relationship(s):

Other, as Specified:

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: FAILURE TO MEET THE INITIAL REQUIREMENTS OF A LICENSE  
(A1)

Other, as Specified:

Name of Agency or Program  
That Took the Adverse Action  
Specified in This Report:

TEST AGENCY

Adverse Action

Classification Code(s): REVOCATION OF LICENSE OR CERTIFICATE (3111)

Other, as Specified:

VOLUNTARY SURRENDER OF LICENSE OR CERTIFICATE (3141)

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**

## ADVERSE ACTION REPORT

### STATE LICENSURE ACTION

Report Number: 7930000052535538

This report is maintained under the provisions of:

Title IV (NPDB)  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, and 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.

#### A. REPORTING ENTITY

Entity Name: REPORTING ENTITY \*  
Address: 111 PARK STREET  
City, State, Zip: ALEXANDRIA, VA 11111  
Country:  
Entity Internal Report Reference  
(e.g., claim number): REF123  
Name of Office: JANE DOE  
Title or Department: ADMINISTRATOR  
Telephone: (111) 222-3333  
Type of Report: CORRECTION OF REVISION TO ACTION  
Related Report Number: 7930000052535538

\*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME  
Address: 777 PINE STREET  
City, State, Zip: PHILADELPHIA, PA 11111-3333  
Country:  
Name of Office: JOE SMITH  
Title or Department: SUPERVISOR  
Telephone: (111) 222-3333

#### B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORG  
Other Organization Name(s) Used: PT ORGANIZATION  
Business Address: 333 ELM STREET  
SUITE 3  
City, State, ZIP: LAS VEGAS, NV 33333  
Country:  
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)  
Other, as Specified:

Names and Titles of Principal Officers and Owners (POO): DOE, JOHN  
Federal Employer Identification Numbers (FEIN): 123456789  
Social Security Numbers (SSN): 123-45-6789  
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321  
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 Act (CLIA) Numbers: 1234567891  
9876543219  
9876543211  
Food and Drug Administration (FDA) Numbers: 1234567  
7654321  
9876543  
National Provider Identifiers (NPI): 123456789  
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**

## JUDGMENT OR CONVICTION REPORT

Report Number: 7930000052535677

This report is maintained under the provisions of:

Title IV (NPDB)  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 must be used solely for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

### A. REPORTING ENTITY

Entity Name: REPORTING ENTITY SUCCESSOR \*

Address: 222 MAPLE LANE

City, State, Zip: BETHESDA, MD 22222-3333

Country:

Entity Internal Report Reference

(e.g., claim number): ER123

Name of Office: JOE SMITH

Title or Department: SUPERVISOR

Telephone: (111) 222-3333

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 01/14/2009:

Entity Name: REPORTING ENT. SUCCESSOR NEW NAME

Address: 777 PINE STREET

City, State, Zip: PHILADELPHIA, PA 11111-3333

Country:

### B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORG

Other Organization Name(s) Used: PT ORGANIZATION

Business Address: 333 ELM STREET

SUITE 3

City, State, ZIP: LAS VEGAS, NV 33333

Country:

Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)

Other, as Specified:

Names and Titles of Principal Officers and Owners (POO): JOHN, DOE

Federal Employer Identification Numbers (FEIN): 123456789

Social Security Numbers (SSN): 123-45-6789

Individual Taxpayer Identification Numbers (ITIN): 987-65-4321

State License Number, State of Licensure: 123456789, NV

Drug Enforcement Administration (DEA) Numbers: 123456789123

National Provider Identifiers (NPI): 123456789

Medicare Provider/Supplier Numbers: 123456789123456

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:

City, State, ZIP:

Country:  
Nature of Relationship(s):  
Other, as Specified:

**C. INFORMATION REPORTED**

Venue (Court): ACME COURT  
Jurisdiction: FEDERAL COURT  
City, State of Court: ALEXANDRIA, VA  
Docket/Court File Number: 333  
Prosecuting Agency or Civil Plaintiff: PLAINTIFF  
Case Number Used by Prosecuting Agency: 222  
Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)  
Investigating Agency(Agencies): ACME AGENCY  
Case Number(s) Used by Investigating Agency(Agencies): 111  
Statutory Offense(s) and Count(s): STATUTE TITLE, STATUTORY OFFENSE (1)  
Act or Omission Code(s): FRAUDULENT COST REPORTING (230)  
Other Act(s) or Omission(s):  
Narrative Description of Act(s) or Omission(s): NARRATIVE DESCRIPTION OF ACT(S) OR OMISSION(S).  
Date of Judgment/Sentence: 01/05/2009

**Judgment/Sentence**

Restitution Amount: \$ 500.00  
Other Sentence/Judgment Amount: \$ 250.00  
Suspended Sentence: Years: 6                      Months:                      Days: 6  
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 one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

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- 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:

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7930000052535677  
Process Date: 01/14/2009  
Page: 3 of 3

For authorized use by:  
QUERYING ENTITY

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Date of Original Submission: 01/14/2009  
Date of Most Recent Change: 01/14/2009

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**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

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**END OF REPORT**

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