

## JUDGMENT OR CONVICTION REPORT

Report Number 7930000052535539

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  
Address: 111 PARK STREET  
City, State, ZIP: ALEXANDRIA, VA 11111  
Entity Internal Report Reference REF123  
(e.g., claim number):  
Name or Office: JANE DOE  
Title or Department: ADMINISTRATOR  
Telephone: (111)222-3333  
Type of Report: INITIAL REPORT

### 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:  
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)  
Other, as Specified:

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

Medicare Provider/Supplier Numbers: 123456791234567

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

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

Federal Employer Identification Numbers (FEIN): 123456789

National Provider Identifiers (NPI): 123456789

Drug Enforcement Administration (DEA) Numbers: 123456789123

State License Number, State of Licensure: 123456789, NV

**C. INFORMATION REPORTED**

Venue (Court): ACME COURT

Jurisdiction: FEDERAL

City, State of Court: ALEXANDRIA, VA

Docket/Court File Number: 333

Prosecuting Agency or Civil Plaintiff: PLANTIFF

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 and Count(s): STATUTE TITLE, STATUTORY OFFENSE (1)

Act or Omission Code(s): FRAUDULENT COST REPORTING (230)

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 judgment/conviction.

Date of Appeal:

**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**