

PUBLIC, JOHN

ATTORNEY GENERAL

JUDGMENT OR CONVICTION REPORT

Date of Action: 10/02/2012

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 or Office: JANE SMITH
 Title or Department: CERTIFIER
 Telephone: (222) 333-4444
 Entity Internal Report Reference:
 Customer Use: customer use 123
 Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUBLIC, JOHN
 Other Name(s) Used:
 Gender: MALE
 Date of Birth: 02/02/1950
 Organization Name:
 Work Address:
 City, State, ZIP:
 Organization Type:
 Home Address: 100 HOME STREET
 City, State, ZIP: CITY, VA 12345
 Deceased: UNKNOWN
 Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): ***-**-9999
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Occupation/Field of Licensure: CHIROPRACTOR
 State License Number, State of Licensure: 123123123123, VA
 Drug Enforcement Administration (DEA) Numbers:
 Unique Physician Identification Numbers (UPIN):
 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: 100 WORK STREET
 City, State, ZIP: CITY, VA 12345
 Nature of Relationship(s): SUBJECT IS OWNER/PARTNER OF AFFILIATE OR ASSOCIATE (100)

C. INFORMATION REPORTED

Venue (Court): COURT
 Jurisdiction: FEDERAL COURT
 City, State of Court: CITY, WA
 Docket/Court File Number: 213213213213213
 Prosecuting Agency or Civil Plaintiff: AGENCY
 Case Number Used by Prosecuting Agency: 123
 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): 9 9 (9)
 Act or Omission Code(s): FRAUDULENT BILLING/COST REPORTING (200)
 Narrative Description of Act(s) or Omission(s): DESCRIPTION
 Date of Judgment/Sentence: 10/02/2012

Judgment/Sentence

Amount of Restitution: \$ 500.00
 Other Amount Ordered:
 Incarceration: Years: 4 Months: 4 Days: 1
 Suspended Sentence: Years: 4 Months: Days: 4
 Home Detention: Years: 1 Months: 1 Days: 2
 Probation: Years: Months: Days:
 Community Service: Hours:
 Other: DESCRIPTION

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.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 05/15/2019

Date of Most Recent Change: 05/15/2019

DCN: 7950000146051773

Process Date: 05/15/2019

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For authorized use by:

ATTORNEY GENERAL

This report is maintained under the provisions of: Section 1921

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END OF REPORT
