

MEDICAL ASSOCIATES INC.

TEST REPORTER

ACCREDITATION ACTION

Date of Action: 10/01/2009

Initial Action

Basis for Initial Action

- ACCREDITATION TERMINATED

- NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF HEALTH CARE SERVICES

A. REPORTING ENTITY

Entity Name: TEST REPORTER
 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:
 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: MEDICAL GROUP/PRACTICE (365)

Names and Titles of Principal Officers and Owners (POO):
 Federal Employer Identification Numbers (FEIN): 111223333
 222334444
 Social Security Numbers (SSN):
 State License Number, State of Licensure: 123456789A, CT
 123456789B, CT

Drug Enforcement Administration (DEA) Numbers:
 Clinical Laboratory Act (CLIA) Numbers:
 Food and Drug Administration (FDA) Numbers:
 National Provider Identifiers (NPI): 1245319599
 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 COURT
 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: ACCREDITATION
 Basis for Action: NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF HEALTH CARE SERVICES (92)
 Name of Agency or Program That Took the Adverse Action Specified in This Report: ACCREDITATION AGENCY

DCN: 7950000146051785
Process Date: 05/15/2019
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MEDICAL ASSOCIATES INC.
For authorized use by:
 TEST REPORTER

Adverse Action
 Classification Code(s): ACCREDITATION TERMINATED (3850)
 Date Action Was Taken: 10/01/2009
 Date Action Became Effective: 10/01/2009
 Length of Action: INDEFINITE
 Total Amount of Monetary Penalty,
 Assessment and/or Restitution: \$ 5,000.00
 Is Subject Automatically Reinstated After
 Adverse Action Period Is Completed?:
 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: PRESENTED RISK TO PATIENTS DUE TO NON-COMPLIANCE OF
 OPERATING PROCEDURES/PROCESSES.

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

This report is maintained under the provisions of: Section 1921

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END OF REPORT