

## MEDICAL ASSOCIATES

### STATE BOARD

#### JUDGMENT OR CONVICTION REPORT

Date of Action: 02/02/2012

#### Initial Action

#### Basis for Initial Action

- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

- FRAUDULENT BILLING/COST REPORTING

#### A. REPORTING ENTITY

Entity Name: STATE BOARD  
Address: 555 TEST ST  
City, State, Zip: WASHINGTON, DC 20000  
Country:

Name or Office: JANE SMITH  
Title or Department: CERTIFIER  
Telephone: (333) 444-5555  
Entity Internal Report Reference:  
Type of Report: INITIAL

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

Organization Name: MEDICAL ASSOCIATES  
Other Organization Name(s) Used:  
Business Address: SAMPLE AVENUE  
City, State, ZIP: BRIDGEPORT, CT 22222  
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)

Names and Titles of Principal Officers and Owners (POO): DOE, JOHN M  
Federal Employer Identification Numbers (FEIN): 111223333  
222334444

Social Security Numbers (SSN):  
Individual Taxpayer Identification Numbers (ITIN):

State License Number, State of Licensure: 123456789, CT  
123456789, VA

Drug Enforcement Administration (DEA) 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 STREET  
City, State, ZIP: RESTON, VA 11111

Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

#### C. INFORMATION REPORTED

Venue (Court): FEDERAL COURT  
Jurisdiction: FEDERAL COURT  
City, State of Court: CITY, AL

Docket/Court File Number: 51515151515  
Prosecuting Agency or Civil Plaintiff: AGENCY  
Case Number Used by Prosecuting Agency: 555

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): 77 (7)

Act or Omission Code(s): FRAUDULENT BILLING/COST REPORTING (200)

Narrative Description of Act(s) or Omission(s): DESCRIPTION

Date of Judgment/Sentence: 02/02/2012

**Judgment/Sentence**

Amount of Restitution: \$ 4,556.32 Other

Amount Ordered: \$ 0.00

Suspended Sentence: Years:

Months: 6

Days: 15

Probation: Years: Community

Months:

Days:

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 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**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. 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.

**END OF REPORT**