

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: 5151515151515
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):

DCN: 7950000146051801
Process Date: 05/15/2019
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MEDICAL ASSOCIATES
For authorized use by:
STATE BOARD

Case Number(s) Used by Investigating Agency(Agencies):

Statutory Offense(s) and Count(s): 7 7 (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: 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 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