

MEDICAL ASSOCIATES - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name: MEDICAL ASSOCIATES
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Work Address: SAMPLE AVENUE, BRIDGEPORT, CT 22222
Medicare: 1000001000001 **FEIN:** 111223333, 222334444
NPI: 1245319599
License: 123456789, CT
 123456789, VA

B. QUERY INFORMATION

Statutes Queried: Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: STATE BOARD (DBID ending in ...03)
Authorized Submitter: JANE SMITH, CERTIFIER, (222) 333-4444

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/15/2019

The following report types have been searched:

State Licensure Action(s):	Yes, See Below	DEA/Federal Licensure Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	Judgment or Conviction Report(s):	Yes, See Below
Government Administrative Action(s):	No Reports	Accreditation Action(s):	Yes, See Below
Health Plan Action(s):	No Reports		

STATE BOARD

STATE LICENSURE

Basis for Action: - LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS

Initial Action: - DIRECTED PLAN OF CORRECTION **Date of Action:** 10/01/2012
DCN: 7950000146051799

STATE BOARD

JUDGEMENT OR CONVICTION REPORT

Basis for Action: - FRAUDULENT BILLING/COST REPORTING

Initial Action: - CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) **Date of Action:** 02/02/2012
DCN: 7950000146051801

TEST REPORTER

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

Initial Action: - ACCREDITATION TERMINATED **Date of Action:** 10/01/2009
DCN: 7950000146051785

----- Unabridged Report(s) Follow -----

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For authorized use by:
 STATE BOARD

MEDICAL ASSOCIATES

STATE BOARD

STATE LICENSURE ACTION

Date of Action: 10/01/2012

Initial Action

Basis for Initial Action

- DIRECTED PLAN OF CORRECTION

- LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS

A. REPORTING ENTITY

Entity Name: STATE BOARD *
 Address: 555 TEST ST
 SUITE 810
 City, State, Zip: WASHINGTON, DC 20000
 Country:
 Name or Office: JANE SMITH
 Title or Department: CERTIFIER
 Telephone: (333) 444-5555
 Entity Internal Report Reference: REF#12
 Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

Entity Name: STATE BOARD
 Address: SAMPLE STREET
 123 SAMPLE STREET
 City, State, Zip: RESTON, VA 11111
 Country:

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: MEDICAL ASSOCIATES
 Other Organization Name(s) Used:
 Business Address: SAMPLE AVENUE
 City, State, ZIP: BRIDGEPORT, CT 2222
 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

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

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

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MEDICAL ASSOCIATES
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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

Type of Adverse Action: STATE LICENSURE
 Basis for Action: LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS (32)
 Name of Agency or Program That Took the Adverse Action Specified in This Report: LICENSING AGENCY
 Adverse Action Classification Code(s): DIRECTED PLAN OF CORRECTION (3202)
 Date Action Was Taken: 09/22/2012
 Date Action Became Effective: 10/01/2012
 Length of Action: INDEFINITE
 Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 1,000.00
 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: DESCRIPTION

Subject identified in Section B has appealed the reported adverse action.
 Date of Appeal: 10/01/2012

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

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

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MEDICAL ASSOCIATES

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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

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For authorized use by:
 STATE BOARD

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: SAMPLE STREET
 City, State, Zip: RESTON, VA 11111
 Country:
 Name or Office: JANE SMITH
 Title or Department: CERTIFIER
 Telephone: (333) 444-5555
 Entity Internal Report Reference:
 Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

Entity Name: STATE BOARD
 Address: SAMPLE STREET
 123 SAMPLE STREET
 City, State, Zip: RESTON, VA 11111
 Country:

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)

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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):
 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

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END OF REPORT

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MEDICAL ASSOCIATES INC.
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MEDICAL ASSOCIATES INC.

STATE BOARD

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: (333) 444-5555
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

Entity Name: STATE BOARD
Address: SAMPLE STREET
 123 SAMPLE STREEET
City, State, Zip: RESTON, VA 11111
Country:

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.):

Business Address of Affiliate: SAMPLE HOSPITAL
 SAMPLE COURT
City, State, ZIP: RESTON, VA 11111

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



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
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.



If the subject identified in Section B of this report has submitted a statement, it appears in this section.



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Date of Original Submission: 05/15/2019
Date of Most Recent Change: 05/15/2019

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END OF REPORT

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