

**DCN:** 7950000146051813 **Process Date:** 05/15/2019

Page: 1 of 1
MEDICAL ASSOCIATES
For authorized use by:

STATE BOARD

#### **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

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

Yes, See Below

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

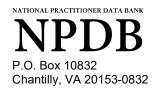
Basis for Action: - NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY

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 ------



DCN: 7950000146051799 Process Date: 05/15/2019

Page: 1 **of** 3 MEDICAL ASSOCIATES 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 111111

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

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

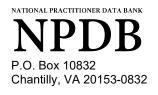
Drug Enforcement Administration (DEA) Numbers:

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

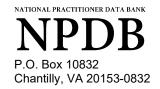


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MEDICAL ASSOCIATES
For authorized use by:

STATE BOARD

	the Reported Action.):	SAMPLE HOSPITAL
	Business Address of Affiliate:	SAMPLE STREET
	City, State, ZIP:	RESTON, VA 11111
		SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)
C. INFORMATION	Type of Adverse Action:	STATE LICENSURE
REPORTED		LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS (32)
	Name of Agency or Program	2
	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 S	ubject's Act(s) or Omission(s) or Other	
Reasons for Action(s) Tal	ken and Description of Action(s) Taken	
	by Reporting Entity:	DESCRIPTION
	X Subject identified in Section B ha	s appealed the reported adverse action.
	<b>Date of Appeal</b> : 10/01/2012	
D. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has submitted a statement, it appears in this section.
STATEMENT		
		f this report has submitted a statement, it appears in this section.  ubject of this report identified in Section B has not contested this report.
STATEMENT	Unless a box below is checked, the s	ubject of this report identified in Section B has not contested this report.
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STATEMENT	Unless a box below is checked, the s  This report has been disputed b  At the request of the subject ide U.S. Department of Health and	ubject of this report identified in Section B has not contested this report.  y the subject identified in Section B.  ntified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with
STATEMENT	Unless a box below is checked, the s  This report has been disputed b  At the request of the subject ide U.S. Department of Health and reporting requirements. No dec	ubject of this report identified in Section B has not contested this report.  y the subject identified in Section B.  ntified in Section B, this report is being reviewed by the Secretary of the Human Services to determine its accuracy and/or whether it complies with ision has been reached.  ntified in Section B, this report was reviewed by the Secretary of the U.S.
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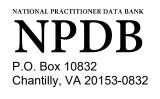
**DCN:** 7950000146051799 **Process Date:** 05/15/2019

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MEDICAL ASSOCIATES
For authorized use by:
STATE BOARD

#### 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.

<b>END OF REPORT</b>	
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DCN: 7950000146051801 Process Date: 05/15/2019

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### MEDICAL ASSOCIATES

#### STATE BOARD

#### JUDGMENT OR CONVICTION REPORT

**Initial Action** 

**Basis for Initial Action** 

Date of Action: 02/02/2012

- 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

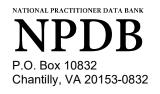
Name(s) of Health Care Entity (Entities) With Which Subject Is

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)

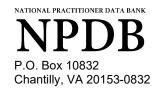


**DCN:** 7950000146051801 **Process Date:** 05/15/2019

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MEDICAL ASSOCIATES
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STATE BOARD

C. INFORMATION	Venue (Court):	FEDERAL COU	JRT	
REPORTED	Jurisdiction:	FEDERAL COU	JRT	
	City, State of Court:	CITY, AL		
	Docket/Court File Number:	51515151515	515	
	Prosecuting Agency or Civil Plaintiff:	AGENCY		
Case	Number Used by Prosecuting Agency:	555		
	Type of Action:	CRIMINAL CO	ONVICTION (GUILTY PLEA C	R TRIAL) (10)
	Investigating Agency(Agencies):			
Case Number(s) Us	ed by Investigating Agency(Agencies):			
, ,	Statutory Offense(s) and Count(s):	7 7 (7)		
			BILLING/COST REPORTING	(200)
Narrativ	ve Description of Act(s) or Omission(s):			
	Date of Judgment/Sentence:	02/02/2012		
	Judgment	t/Sentence		
	Amount of Restitution:	\$ 4.556.32		
	Other Amount Ordered:			
	Suspended Sentence:	•	Months: 6	Days: 15
	Probation:		Months:	•
			MOTHIS.	Days:
	Community Service:	nours.		
	Other:			
	Subject identified in Section B ha	as appealed the	reported adverse action.	
D. SUBJECT STATEMENT	If the subject identified in Section B o	of this report has	s submitted a statement, it appea	ars in this section.
E. REPORT STATUS	Unless a box below is checked, the s	subject of this re	port identified in Section B has r	not contested this report.
	This report has been disputed b			
	At the request of the subject ide U.S. Department of Health and reporting requirements. No dec	Human Service	s to determine its accuracy and/	
	At the request of the subject ide Department of Health and Hum- the Secretary reconsider the ori	an Services and		
	At the request of the subject ide the Secretary of the U.S. Depar is shown below:			
	Date of Original Submission:	05/15/2019		
	Date of Most Recent Change:	05/15/2019		



**DCN:** 7950000146051801 **Process Date:** 05/15/2019

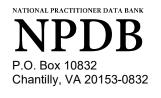
Page: 3 of 3 MEDICAL ASSOCIATES For authorized use by:

STATE BOARD

#### 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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**DCN:** 7950000146051785 **Process Date:** 05/15/2019

**Page:** 1 **of** 3

MEDICAL ASSOCIATES INC.

For authorized use by:

STATE BOARD

## 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

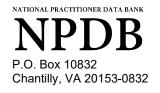
Name(s) of Health Care Entity (Entities) With Which Subject Is

Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.): SAMPLE HOSPITAL

Business Address of Affiliate: SAMPLE COURT

City, State, ZIP: RESTON, VA 11111



**DCN:** 7950000146051785 **Process Date:** 05/15/2019

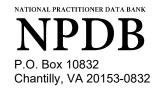
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MEDICAL ASSOCIATES INC.

For authorized use by:

STATE BOARD

Nature of Relationship(s):	SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)	
	ACCREDITATION  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	
Date Action Was Taken:		
Date Action Became Effective:		
Length of Action:  Total Amount of Monetary Penalty, Assessment and/or Restitution: 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.	
Linlage a how halow is checked, the s	subject of this report identified in Section B has not contested this report.	
	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 ide the Secretary of the U.S. Depar is shown below:	entified in Section B, this report was reviewed by tment of Health and Human Services. The Secretary's decision	
Date of Original Submission:	05/15/2019	
Date of Most Recent Change:	05/15/2019	



**DCN:** 7950000146051785 **Process Date:** 05/15/2019

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MEDICAL ASSOCIATES INC.

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This report is maintained under the provisions of: $Se$	ection 1921
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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 REPOR	T
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