

## PUBLIC, JOHN

### ATTORNEY GENERAL

#### JUDGMENT OR CONVICTION REPORT

Date of Action: 10/02/2012

#### Initial Action

#### Basis for Initial Action

- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

- FRAUDULENT BILLING/COST REPORTING

#### A. REPORTING ENTITY

Entity Name: ATTORNEY GENERAL  
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:  
Customer Use: customer use 123 Type of Report: INITIAL

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

Subject Name: PUBLIC, JOHN  
Other Name(s) Used:  
Gender: MALE  
Date of Birth: 02/02/1950

Organization Name:  
Work Address: City, State, ZIP:  
Organization Type:  
Home Address: 100 HOME STREET  
City, State, ZIP: CITY, VA 12345  
Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-9999

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Occupation/Field of Licensure: CHIROPRACTOR State

License Number, State of Licensure: 123123123123, VA Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

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: 100 WORK STREET

City, State, ZIP: CITY, VA 12345

Nature of Relationship(s): SUBJECT IS OWNER/PARTNER OF AFFILIATE OR ASSOCIATE (100)

### C. INFORMATION REPORTED

Venue (Court): COURT

Jurisdiction: FEDERAL COURT

City, State of Court: CITY, WA

Docket/Court File Number: 213213213213

Prosecuting Agency or Civil Plaintiff: AGENCY

Case Number Used by Prosecuting Agency: 123

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): 9 9 (9)

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

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

Date of Judgment/Sentence: 10/02/2012

#### Judgment/Sentence

Amount of Restitution: \$ 500.00

Other Amount Ordered:

Incarceration: Years: 4 Suspended

Months: 4

Days: 1

Sentence: Years: 4

Months:

Days: 4

Home Detention: Years: 1

Months: 1

Days: 2

Probation: Years: Community

Months:

Days:

Service: Hours:

Other: DESCRIPTION

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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**This report is maintained under the provisions of:** Section 1921

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**END OF REPORT**

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SAMPLE