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**DCN:** 7950000146051799 Process Date: 05/15/2019

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MEDICAL ASSOCIATES For authorized use by: STATE BOARD

## MEDICAL ASSOCIATES

## STATE BOARD

STATE LICENSURE ACTION

**Basis for Initial Action** 

**Date of Action:** 10/01/2012

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: (222) 333-4444

Entity Internal Report Reference: REF#12

Customer Use: ABC123
Type of Report: INITIAL

**B. SUBJECT** 

Organization Name: MEDICAL ASSOCIATES

IDENTIFICATIO N INFORMATION (ORGANIZATIO

Business Address: SAMPLE AVENUE

City, State, ZIP: BRIDGEPORT, CT 22222

N) Organization Type: PH

Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)

Names and Titles of Principal Officers and Owners (POO): DOE, JOHN M

Other Organization Name(s) Used:

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

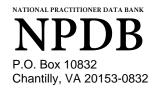
(Inclusion Does Not Imply Complicity in

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. INFORMATIO	N
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

This report has been disputed by the subject identified in Section B.

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.

Ē.	REF	PORT	<b>STATUS</b>

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

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F	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.

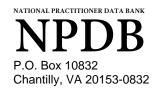
At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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.



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- END OF REPORT -