

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	PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)		
Work Address:	SAMPLE AVENUE, BRIDGE	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 in03)
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): Exclusion or	Yes, See Below	DEA/Federal Licensure Action(s):	No Reports
Debarment Action(s): Government	No Reports	Judgment or Conviction Report(s):	Yes, See Below
Administrative Action(s): Health Plan	No Reports	Accreditation Action(s):	Yes, See Below
Action(s):	No Reports		

STATE BOARD STATE LICENSURE Basis for Action: - LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS Initial Action: - DIRECTED PLAN OF CORRECTION DCN: 7950000146051799

STATE BOARD			
JUDGEMENT OR CONVI Basis for Action: - FRA	CTION REPORT AUDULENT BILLING/COST REPORTING		
Initial Action: DCN:	- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) 7950000146051801	Date of Action:	02/02/2012
TEST REPORTER			
ACCREDITATION			
	NCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THATATIENT(S) OR QUALITY OF HEALTH CARE SERVICES	T INDICATE A RISK TO TI	HE SAFETY
Initial Action:	- ACCREDITATION TERMINATED	Date of Action:	10/01/2009
DCN:	7950000146051785		

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

NATIONAL PRACTITIONER DATA BANK **NPDDB** P.O. Box 10832 Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

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MEDICAL ASSOCIATES

STATE BOARD

STATE LICENSURE ACTION

Initial Action

- DIRECTED PLAN OF CORRECTION

Date of Action: 10/01/2012

Basis for Initial Action

- 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

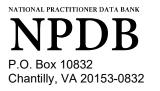
*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

Entity Name: STATE BOARD Address: SAMPLE STREET 123 SAMPLE STREET City, State, Zip: RESTON, VA 111111

Country:

B. SUBJECT Organization Name: MEDICAL ASSOCIATES Other Organization Name(s) Used: **IDENTIFICATIO** N INFORMATION Business Address: SAMPLE AVENUE (ORGANIZATION 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

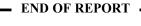
NATIONAL PRACTITIONER DATA BANK NOV P.O. Box 10832 Chantilly, VA 20153-0832		DCN: 7950000146051799 Process Date: 05/15/2019 Page: 2 of 3 MEDICAL ASSOCIATES For authorized use by: STATE BOARD
https://www.npdb.hrsa.gov		
		EET 111 Itractor to affiliate or associate (250)
C. INFORMATION REPORTED	Type of 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 X 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 submi	itted a statement, it appears in this section.
E. REPORT STATUS	Department of Health and Human Services to determine requirements. No decision has been reached.	in Section B. his report is being reviewed by the Secretary of the U.S. he its accuracy and/or whether it complies with reporting B, this report was reviewed by the Secretary of the U.S. hion was reached. The subject has requested that the Secretary his report was reviewed by
	Date of Most Recent Change: 05/15/2019	

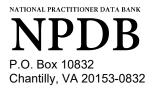


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This report is maintained under the provisions of: Section 1921

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Basis for Initial Action

MEDICAL ASSOCIATES

STATE BOARD

JUDGMENT OR CONVICTION REPORT

- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

Initial Action

Date of Action: 02/02/2012

- 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

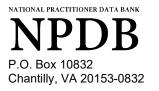
*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

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

Country:

B. SUBJECT	Organization Name: MEDICAL ASSOCIATES
IDENTIFICATIO	Other Organization Name(s) Used:
N INFORMATION	Business Address: SAMPLE AVENUE
(ORGANIZATION	City, State, ZIP: BRIDGEPORT, CT 22222
)	Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Names and Titles of P	rincipal Officers and Owners (POO): DOE, JOHN M
Federa	al 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 Enforce	ement Administration (DEA) Numbers:
	National Provider Identifiers (NPI): 1245319599
	Medicare Provider/Supplier Numbers: 1000001000001
Name(s) of Health Care I	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)

NATIONAL PRACTITIONER DATA BANK			DCN: 795000014605180 Process Date: 05/15/201 Page: 2 of 3 MEDICAL ASSOCIATE	9
P.O. Box 10832 Chantilly, VA 20153-0832			For authorized use by: STATE BOARD	
https://www.npdb.hrsa.gov				
С.		t): FEDERAL COURT		
	City, State of Co Docket/Court File Numbe Prosecuting Agency or Civil Plaintin Case Number Used by Prosecuting Type of Action Investigating Agency(Agencin Used by Investigating Agency(Agencin Statutory Offense(s) and Count(s): Act or Omission Code(s	r: 51515151515 ff: AGENCY Agency: 555 on: CRIMINAL CONVICTIO es): es): 77 (7)): FRAUDULENT BILLING		IAL) (10)
Narrativ	re Description of Act(s) or Omission(s): Date of Judgment/Sentence:			
		Judgment/Sentence		
	Amount of Restitutio Other Amount Ordered Suspended Sentence: Probation: Years	1: \$ 0.00 Years:	Months: 6 Months:	Days: 15 Days:
	Serv	ice: Hours: Other:		2.49
	Subject identified in Section	B has appealed the reported a	dverse 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 s	subject of this report identified	in Section B has not contest	ted this report.
	This report has been disputed	by the subject identified in Sec	tion 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 Department of Health and Hun reconsider the original decision	nan Services and a decision wa		
	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		

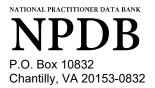


DCN: 7950000146051801 Process Date: 05/15/2019 Page: 3 of 3 MEDICAL ASSOCIATES For authorized use by: STATE BOARD

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MEDICAL ASSOCIATES INC.

STATE BOARD

ACCREDITATION ACTION

Initial Action

Date of Action: 10/01/2009

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 IDENTIFICATIO N INFORMATION (ORGANIZATION

Business Address: SAMPLE AVENUE City, State, ZIP: BRIDGEPORT, CT 22222

Organization Type: MEDICAL GROUP/PRACTICE (365)

Organization Name: MEDICAL ASSOCIATES INC.

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:

Other Organization Name(s) Used:

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

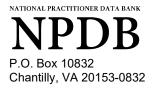
(Inclusion Does Not Imply Complicity in

the Reported Action.): SAMPLE HOSPITAL Business

Address of Affiliate: SAMPLE COURT

City, State, ZIP: RESTON, VA 11111

NATIONAL PRACTITIONER DATA BANK	DCN: 7950000146051785
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NPDB	Page: 2 of 3
	MEDICAL ASSOCIATES
P.O. Box 10832	INC. For authorized use by:
Chantilly, VA 20153-0832	STATE BOARD
https://www.npdb.hrsa.gov	
Nature of Relationship(s): SUB	JECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)
Type of Adverse Action: ACC	
	NCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT
IN	DICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF EALTH CARE SERVICES (92)
Name of Agency or Program That Took the Adverse Action	
Adverse Action	CREDITATION AGENCY
Date Action Was Taken: 10/0	
Action Became Effective: 10/01/200	-
	NDEFINITE
Total Amount of Monetary Penalty,	0.00
Assessment and/or Restitution: \$ 5,00 Is Subject Automatically Reinstated After	0.00
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	CALVER DATE DATE TO NON COMPLEXIVE OF
by Reporting Entity: PRI OF	ESENTED RISK TO PATIENTS DUE TO NON-COMPLIANCE OF PERATING PROCEDURES/PROCESSES.
If the subject identified in Section B of this p	eport has submitted a statement, it appears in this section.
Unless a box below is checked, the subject of	f this report identified in Section B has not contested this report.
This report has been disputed by the su	bject 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.
	vices to determine its accuracy and/or whether it complies with reporting
	ied in Section B, this report was reviewed by the Secretary of the U.S. ices and a decision was reached. The subject has requested that the Secretary
reconsider the original decision.	tees and a decision was reached. The subject has requested that the Secretary
	in Section B, this report was reviewed by
is shown below:	f 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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