

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

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
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 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 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

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

DCN: 7950000146051799
Process Date: 05/15/2019
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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
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

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

DCN: 7950000146051801
 Process Date: 05/15/2019
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 MEDICAL ASSOCIATES
 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)

DCN: 7950000146051801
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MEDICAL ASSOCIATES
For authorized use by:
STATE BOARD

**C.
INFORMATION
REPORTED**

Venue (Court): FEDERAL COURT
Jurisdiction: FEDERAL COURT
City, State of Court: CITY, AL
Docket/Court File Number: 51515151515
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): 77 (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: Community Months: Days:
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

This report is maintained under the provisions of: Section 1921

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END OF REPORT

SAMPLE

DCN: 7950000146051785
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 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

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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)

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.

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.
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END OF REPORT

SAMPLE