

HIPDB QUERY RESPONSE

A. SEARCH RESULT

Based on the subject identification information provided by you in Section B below, a search of the HIPDB has located the following 2 report(s).

Type of Report(s)	Report Number(s)
Adverse Action Report(s):	7910000044248318
Judgement or Conviction Report(s):	7910000044248316

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORG
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Other, as Specified:
Other Name Used: PT ORGANIZATION
Work Address: 222 MAIN STREET

City, State, ZIP: FAIRFAX, VA 22045
Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
State License Number, State of Licensure: 123456789, PR
Drug Enforcement Administration (DEA) Numbers: 123456789123
Medicare Provider/Supplier Numbers: 123456791234567
Clinical Lab. Improvement Act (CLIA) Numbers: 1234567891
Food and Drug Administration (FDA) Numbers: 1234567
Federal Employer Identification Numbers (FEIN): 123456789
National Provider Identifiers (NPI): 123456789

C. ENTITY INFORMATION

Data Bank Identification Number(DBID): 200000000000026
Entity Name: QUERYING ENTITY
Authorized Agent:
Authorized Submitter's Name: JANE DOE
Authorized Submitter's Title: PRESIDENT
Authorized Submitter's Telephone: (123) 456-7890

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 7910000044248318

This report is maintained in: The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: REPORTING ENTITY *
Address: 111 PARK STREET
City, State, ZIP: ALEXANDRIA, VA 11111
Entity Internal Report Reference (e.g., claim number): REF123
Name or Office: JANE DOE
Title or Department: ADMINISTRATION
Telephone: (111)222-3333
Type of Report: CORRECTION OF REVISION TO ACTION
Related Report Number: 7910000044248317

*The reporting entity is no longer an active registrant with the Data Banks. The Data Banks have no additional information regarding this entity.

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORGANIZATION
Other Name(s) Used: PT ORGANIZATION
Business Address: 222 MAIN STREET
City, State, ZIP: SAN JUAN
Country: PUERTO RICO
Names and Titles of Principal Officers and Owners: DOE, JOHN
Federal Employer Identification Numbers (FEIN): 123456789
Social Security Numbers (SSN): 123-45-6789
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321
National Provider Identifiers (NPI): 123456789
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Other, as Specified:
State License Number, State of Licensure: 123456789, PR

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

**National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7910000044248318

Process Date: 02/07/2007

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For authorized use by:
QUERYING ENTITY

Drug Enforcement Administration (DEA) Numbers: 123456789123

Clinical Laboratory Improvement Act (CLIA) Numbers: 1234567891

Food and Drug Administration (FDA) Numbers: 1234567

Medicare Provider/Supplier Numbers: 123456791234567

Name(s) of Health Care Entity (Entities) With Which Subject
Is Affiliated or Associated (Inclusion Does Not Imply

Complicity in the Reported Action.): AFFILIATED PT ORGANIZATION

Business Address of Affiliate: 333 ELM STREET

City, State, ZIP: SAN JUAN

Country: PUERTO RICO

Nature of Relationship(s): SUBJECT IS MEMBER OF AFFILIATE OR ASSOCIATE'S NETWORK
(300)

Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program
that Took the Adverse Action

Specified in This Report: TEST AGENCY

Adverse Action Classification Code(s): LICENSE OR CERTIFICATE RESTORED OR REINSTATED,
COMPLETE (3281)

Other, as Specified:

REDUCTION OF PREVIOUS LICENSURE ACTION (3295)

Date Action Was Taken: 02/07/2007

Date Action Became Effective: 02/07/2007

Length of Action: SPECIFIC PERIOD

Years: 5

Months: 0

Days: 5

Total Amount of Monetary Penalty, Assessment
and/or Restitution:

Is Subject Automatically Reinstated After Adverse
Action Period Is Completed?: YES

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: DESCRIPTION OF ACT(S) OR OMISSION(S) OR OTHER REASONS
FOR ACTION TAKEN

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 02/07/2007

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QUERYING ENTITY

**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 one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 02/01/2007

Date of Most Recent Change: 02/07/2007

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): PHYSICAL THERAPY GROUP

PT GROUP

PHYSICAL/OCCUPATIONAL THERAPY ORGANIZATION

END OF REPORT

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JUDGMENT OR CONVICTION REPORT

Report Number 7910000044248316

This report is maintained in: The National Practitioner Data Bank

The Healthcare Integrity and Protection Data Bank

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A. REPORTING ENTITY

Entity Name: REPORTING ENTITY *

Address: 111 PARK STREET

City, State, ZIP: ALEXANDRIA, VA 11111

Entity Internal Report Reference REF123

(e.g., claim number):

Name or Office: JANE DOE

Title or Department: ADMINISTRATION

Telephone: (111)222-3333

Type of Report: INITIAL REPORT

*The reporting entity is no longer an active registrant with the Data Banks. The following entity registered as its successor is also no longer an active registrant with the Data Banks. The Data Banks have no additional information regarding this entity.

Entity Name: ACME REPORTING ENTITY

Address: 222 MAPLE LANE

City, State, ZIP: BETHESDAS, MD 11100-5555

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORGANIZATION

Other Name(s) Used: PT ORG

Business Address: 333 ELM STRETT

City, State, ZIP: SAN JUAN

Country: PUERTO RICO

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

Other, as Specified:

Names and Titles of Principal Officers and Owners (POO): TESTLPOO, TESTFPOO TESTMPOO

Medicare Provider/Supplier Numbers: 123456791234567

Social Security Numbers (SSN): 123-45-6789

Individual Taxpayer Identification Numbers (ITIN): 987-65-4321

Federal Employer Identification Numbers (FEIN): 123456789

National Provider Identifiers (NPI): 123456789

Drug Enforcement Administration (DEA) Numbers: 123456789123

State License Number, State of Licensure: 123456789, PR

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C. INFORMATION REPORTED

Venue (Court): ACME COURT

Jurisdiction: FEDERAL

City, State of Court: ALEXANDRIA, VA

Docket/Court File Number: 333

Prosecuting Agency or Civil Plaintiff: PLANTIFF

Case Number Used by Prosecuting Agency: 222

Type of Action: CIVIL JUDGEMENT (40)

Investigating Agency(Agencies): ACME AGENCY

Case Number(s) Used by Investigating Agency(Agencies): 111

Statutory Offense and Count(s): STATUTE TITLE, STATUTORY OFFENSE (1)

Act or Omission Code(s): FRAUDULENT COST REPORTING (230)

Narrative Description of Act(s) or Omission(s): NARRATIVE DESCRIPTION OF ACT(S) OR OMISSION(S)

Date of Judgment/Sentence: 01/20/2007

Judgment/Sentence

Restitution Amount: \$500.00

Other Sentence/Judgment Amount: \$250.00

Suspended Sentence: Years: 6 Months: 0 Days: 6

Probation: Years: Months: Days:

Community Service: Hours:

Other:

Subject identified in Section B has appealed the reported judgment/conviction.

Date of Appeal:

D. SUBJECT STATEMENT

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E. REPORT STATUS

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Date of Original Submission: 02/07/2007

Date of Most Recent Change: 02/07/2007

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): PHYSICAL THERAPY GROUP

PT GROUP

PHYSICAL/OCCUPATIONAL THERAPY ORGANIZATION

END OF REPORT