

DEFERRED CONVICTION or PRE-TRIAL DIVERSION

Individual Subject: Initial Report

Please provide as much of the following information as possible. Failure to provide sufficient information to permit identification of a single subject will result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0239 expiration date 05/31/14

<u>Public Burden Statement:</u> An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0239 (HIPDB). Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

PRACTITIONER INFORMATION



We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

Personal Information				
Practitioner Name				
Last Name SMITH	First Name JOHN	Middle Name	Suffix (Jr, III)	
Add another name	<u>used</u>			
Gender ● Male ○ Female	○ Unknown			
Birth Date (MMDDY)	(YY)			
Is Subject Deceased				

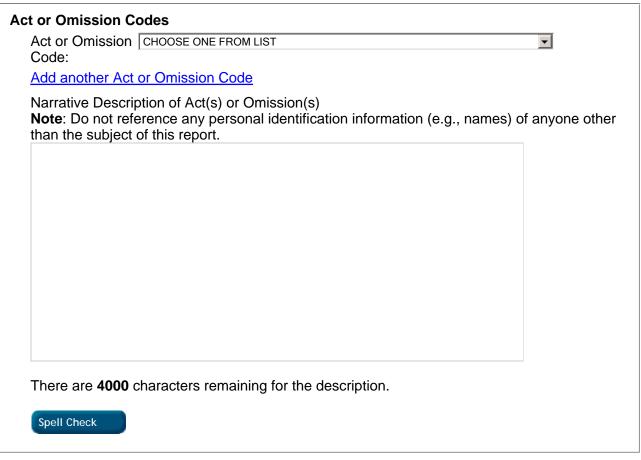
Home Address/Addr	ess of Record
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	-
Country: (if U.S., leave blan	k)
Work Information ☐ Check here if the pra	actitioner's work information is the same as your organization.
Organization	
Name:	GENERAL HOSPITAL
Type:	301 General/Acute Care Hospital
Click Help ? for Address	information on filling out non-U.S. and military addresses.
Street Address:	123 FAKE STREET
Address Line 2:	
City:	FAIRFAX
State:	VA Virginia
ZIP Code:	22030 -
Country: (if U.S., leave blan	k)
Social Security Num *****2333 Add another SSN	bers (SSN) <u>Edit</u>
Individual Taxpayer Add another ITIN	Identification Numbers (ITIN)

Federal Employer Identification Numbers (FEIN)
Add another FEIN
National Provider Identifiers (NPI)
Add another NPI
Drug Enforcement Administration (DEA) Numbers
Add another DEA Number
Unique Physician Identification Numbers (UPIN)
Add another UPIN
Occupation And State Licensure Information (Provide at least one license. Check 'No License' if the subject does not have a State License Number. Use the Add Additional License/Occupation button to provide more than one license. Up to 60 licenses may be provided.)
1. State License
State of Licensure: AL Alabama
Occupation/Field of
Licensure: Physician (MD)
Specialty: Aerospace Medicine
Add Additional License/Occupation
- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Health Care Entities With Which the Subject is Affiliated or Associated Inclusion of an affiliated/associated health care entity in this report does not imply complicity in
the reported action. Click Help 7 for information on filling out non-U.S. and military
addresses.
Name of Affiliated/Associated Health Care Entity:
Address
Street Address:

Address Line 2:		
City:		
State:	CHOOSE ONE FROM LIST	
ZIP Code:	-	
Country: (if U.S., leave blank)		
Nature of Subject's Relationship to Affiliate:	CHOOSE ONE FROM LIST	V
Add another Affiliate	<u>.</u>	

IN

risdiction Informatio	n			
Jurisdiction:				
 Federal 				
○ State/Local				
Venue: (Court Name)				
City:				
State:	CHOOSE ON	E FROM LIST	_	
Docket/Court File Number:				
Prosecuting Agency or Civil Plaintiff:				
Prosecuting Agency or Plaintiff Case Number:				
nvestigating Agenci	S			
Name		Case Number		
Add another Investig	ating Ager	<u>cy</u>		
Statutama Offanaa				
Statutory Offenses Statute Title and Sec	ion	Statutory Offense	Count	•
(e.g., 18 USC. 287)	1011	Statutory Offense (e.g., False Claim)	(e.g.,	
(3.3., . 3 3 3 3 . 201)		(2.3., 1 3.22 2.3)	(3.9.,	 /



ntence/Judgment Informati Date of Sentence or Judgme (MMDDYYYY)			
Is the Action on Appeal?			
○ Yes ○ No ○ Unknown			
Restitution Amount: (Format NNNNN.NN)	\$		
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$		
Incarceration:	Years	Months	Days
Suspended Sentence:	Years	Months	Days
Home Detention:	Years	Months	Days
Probation:	Years	Months	Days
Community Service:	Hours		
Other Court Orders: (Describe)		<u> </u>	

More Sentence/Judgment Information

Data Bank, but it will be provi		s. This information is not uport sent to queriers.	sed by tile
Entity Internal Report Reference: (e.g., claim number)			
Customer Use			
This optional field may be use returned without modification			
Customer Use:	and only appears on th	e response returned to you	ai organizatio
Certification			
I certify that I am authorized to correct to the best of my know		n and that all information is	s true and
Authorized Submitter's Name	: DEVELOPER		
Authorized Submitter's Name Authorized Submitter's Title:	DEVELOPER DEVELOPER		
	DEVELOPER	Ext.	
Authorized Submitter's Title:	DEVELOPER	Ext.	
Authorized Submitter's Title: Authorized Submitter's Phone	DEVELOPER 9: 7035551212	Ext.	
Authorized Submitter's Title: Authorized Submitter's Phone	DEVELOPER 9: 7035551212 02/01/2013	<u>, </u>	
Authorized Submitter's Title: Authorized Submitter's Phone Date: end e-mail notification when this	DEVELOPER 9: 7035551212 02/01/2013 and any future respons	es are available.	
Authorized Submitter's Title: Authorized Submitter's Phone Date:	DEVELOPER 9: 7035551212 02/01/2013 and any future respons update this subject in yo	es are available. ur subject database for	Help



DEFERRED CONVICTION or PRE-TRIAL DIVERSION

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905965, complete all necessary modifications in the form below, and press **Submit to Data Bank**.

The report entered here will replace the original report, so please ensure that all known data is entered in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

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OMB # 0915-0239 expiration date 05/31/14

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PRACTITIONER INFORMATION



Last Name SMITH	First Name JOHN	Middle Name	Suffix (Jr, III)	
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Add dilother flair	ic useu			
I				
	ale © Unknown			
	ale © Unknown			
Male ○ Female				
Male ○ Female				
Male ○ Female Mal				
Birth Date (MMDI	DYYYY)			

Ctroot Address.	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	
Country: (if U.S., leave blan	nk)
	actitioner's work information is the same as your organization.
Organization	
Name:	GENERAL HOSPITAL
Type:	301 General/Acute Care Hospital
Address Street Address: Address Line 2: City: State: ZIP Code: Country:	123 FAKE STREET FAIRFAX VA Virginia 22030
Social Security Num *****2333 Add another SSN	
Individual Taxpayer Add another ITIN	Identification Numbers (ITIN)

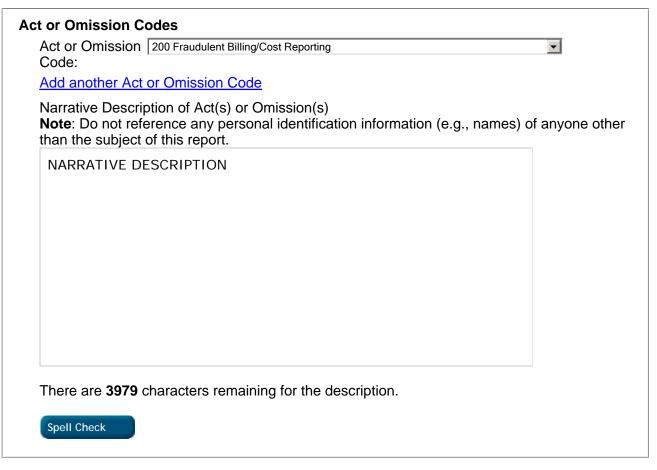
Federal Employer Identification Numbers (FEIN)

,	
Add another FEIN	
National Provider Iden Add another NPI	tifiers (NPI)
Drug Enforcement Adr	ministration (DEA) Numbers
Add another DEA Nu	<u>mber</u>
Unique Physician Iden Add another UPIN	tification Numbers (UPIN)
Number. Use the Add Ad Up to 60 licenses may be 1. State License Number:	nse. Check 'No License' if the subject does not have a State License dditional License/Occupation button to provide more than one license. provided.) 123ABC OR No License AL Alabama Physician (MD) Aerospace Medicine
Health Care Entities W	ith Which the Subject is Affiliated or Associated ted/associated health care entity in this report does not imply complicity in Click Help? for information on filling out non-U.S. and military
Address Street Address:	

Address Line 2:		
Address Line 2.		
City:		
State:	CHOOSE ONE FROM LIST	
ZIP Code:	-	
Country: (if U.S., leave blank)		
Nature of Subject's		
Relationship to Affiliate:	CHOOSE ONE FROM LIST	▼
Add another Affiliate		

IN

risdiction Informa	tion		
Jurisdiction:			
Federal			
○ State/Local			
Venue: (Court Name)	FEDERA	L COURT	
City:	FAIRFAX		
State:	VA Virginia	Ū	
Docket/Court File Number:	123 ABC		
Prosecuting Agence or Civil Plaintiff:	AGENCY		
Prosecuting Agenc	;y		
or Plaintiff Case Number:	123 ABC		
nvestigating Agend	cies		
Name		Case Number	
INVESTIGATING	AGENCY	123	
Add another Invest	tigating Age	ncy	
Statutory Offenses			
Statute Title and S		Statutory Offense	Count
(e.g., 18 USC. 287)	(e.g., False Claim) FALSE CLAIM	(e.g., 2)
18 USC 287			



Sentence/Judgment Information Date of Sentence or Judgment (MMDDYYYY)	ion ent: 01012013		
Is the Action on Appeal?			
○ Yes			
No			
O Unknown			
Restitution Amount: (Format NNNNN.NN)	\$		
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$		
Incarceration:	Years	Months	Days
Suspended Sentence:	Years	Months	Days
Home Detention:	Years	Months	Days
Probation:	Years	Months	Days
Community Service:	Hours 45		
Other Court Orders: (Describe)		<u></u>	

Entity Internal Report Reference	
information to help you identify	entity to include an internal file number or other reference this report in your files. This information is not used by the ed on copies of the report sent to queriers.
Entity Internal Report Reference: (e.g., claim number)	
Customer Use	
Customer use	
This optional field may be used	by the submitter to identify this transaction. This information is nd only appears on the response returned to your organization.
This optional field may be used	
This optional field may be used returned without modification a	
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This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to	nd only appears on the response returned to your organization. submit this transaction and that all information is true and
This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to correct to the best of my knowl	nd only appears on the response returned to your organization. submit this transaction and that all information is true and edge.
This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to correct to the best of my knowl Authorized Submitter's Name:	submit this transaction and that all information is true and edge. DEVELOPER DEVELOPER

More Sentence/Judgment Information

Submit to Data Bank

Validate Without Submitting

Store as a Draft



DEFERRED CONVICTION or PRE-TRIAL DIVERSION

Organization Subject: Initial Report

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OMB # 0915-0239 expiration date 05/31/14

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SUBJECT INFORMATION



We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

MEDICAL ORGA	NIZATION
Add another name	<u>e used</u>
Click Help ?	for information on filling out non-U.S. and military addresse
ddress	
Street Address:	123 MAIN STREET
Address Line 2:	
Address Line 2: City:	FAIRFAX
	FAIRFAX VA Virginia
City:	

Туре
Organization Type: 361 Chiropractic Group/Practice
Estant English Mark (FEIN)
Federal Employer Identification Numbers (FEIN)
123456789
Add another FEIN
Social Security Numbers (SSN)
Add another SSN
Individual Taxpayer Identification Numbers (ITIN)
Add another ITIN
Drug Enforcement Administration (DEA) Numbers
Add another DEA Number
National Provider Identifiers (NPI)
Add another NPI
Medicare Provider/Supplier Numbers
Add another Medicare Provider/Supplier Number
Organization State Licensure Information
(If no State License, check the 'No License' box.)
State License
Number:
State of Licensure: AL Alabama
Add another License

rincipal Officers	and Owners				
Last Name	First Name	Middle Name	Suffix	Title	

	With Which the Subject is Affiliated or Associated ated/associated health care entity in this report does not imply complicity in
the reported action.	Click Help 7 for information on filling out non-U.S. and military
addresses.	
Name of Affiliated/Associate Health Care Entity:	d
Address	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	-
Country: (if U.S., leave blank	(x)
Nature of Subject's Relationship to Affiliate:	CHOOSE ONE FROM LIST
Add another Affiliat	<u>e</u>

INFORMATION DESCRIBING ACTION



Jurisdiction Information	วท	
Federal		
 State/Local 		
Venue: (Court Name)	federal venue	
City:	fairfax	
State:	VA Virginia 🔻	
Docket/Court File Number:	123 abc	
Prosecuting Agency or Civil Plaintiff:	prosecuting agency	

or Plaintiff Case Number:	case number 123		
nvestigating Agenci	es		
Name	Case Number		
investigating agency Add another Investig	,		
,	-		
Add another Investig	rating Agency	Count (e.g., 2)	

Act or Omission Codes	
Act or Omission 205 Billing for Services not Rendered/Supplies not Provided Code:	
Add another Act or Omission Code	
Narrative Description of Act(s) or Omission(s) Note : Do not reference any personal identification information (e.g., names) of anyone than the subject of this report.	e other
Narrative Description	
There are 3979 characters remaining for the description.	
Spell Check	

Sentence/Judgment Information
Date of Sentence or Judgment: 01042013
(MMDDYYYY)

Is the Action on Appeal?

This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers. Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used by the submitter to identify this transaction. This informatio returned without modification and only appears on the response returned to your organizate Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Date: 02/01/2013 end e-mail notification when this and any future responses are available. heek this box if you wish to add/update this subject in your subject database for	○ Yes	Restitution A (Format NNI	III			
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) Suspended Sentence: Probation: Years Months Days Probation: Years Months Days Community Service: Hours	No					
Amount Ordered: (Format NNNNN.NN) Suspended Sentence: Years Months Days Probation: Years Months Days Community Service: Hours 44 Other Court Orders: (Describe) More Sentence/Judgment Information Entity Internal Report Reference This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers. Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used by the submitter to identify this transaction. This information returned without modification and only appears on the response returned to your organizar Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Ext. Date: 02/01/2013	© Unknow	wn				
Suspended Sentence: Years Months Days Probation: Years Months Days Days			•			
Probation: Years Months Days Community Service: Hours 44 Other Court Orders: (Describe) More Sentence/Judgment Information Entity Internal Report Reference This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers. Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used by the submitter to identify this transaction. This information returned without modification and only appears on the response returned to your organization Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Date: 02/01/2013 Bend e-mail notification when this and any future responses are available. heck this box if you wish to add/update this subject in your subject database for	(Format NNNI	NN.NN)	Ψ]			
Community Service: Hours 44 Other Court Orders: (Describe) More Sentence/Judgment Information Entity Internal Report Reference This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers. Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used by the submitter to identify this transaction. This information returned without modification and only appears on the response returned to your organizat Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Ext. Date: 02/01/2013 Bend e-mail notification when this and any future responses are available. heek this box if you wish to add/update this subject in your subject database for	Suspended Se	entence:	Years Months Days			
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Other Court Orders: (Describe) More Sentence/Judgment Information Entity Internal Report Reference This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers. Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used by the submitter to identify this transaction. This information returned without modification and only appears on the response returned to your organizat Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Date: 02/01/2013 Helpo H	Community Se	ervice:				
Entity Internal Report Reference This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers. Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used by the submitter to identify this transaction. This information returned without modification and only appears on the response returned to your organizat Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Date: 02/01/2013 Ext. Date: 02/01/2013		rders:	<u>A</u>			
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Customer Use This optional field may be used by the submitter to identify this transaction. This information returned without modification and only appears on the response returned to your organizate Customer Use: Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Date: Developer Authorized Submitter's Phone: Developer Authorized Submitter's Phone: Touch The Book of Management of the properties of the propert	Reference:					
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I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Ext. Date: 02/01/2013 end e-mail notification when this and any future responses are available. heck this box if you wish to add/update this subject in your subject database for						
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Authorized Submitter's Name: DEVELOPER Authorized Submitter's Title: DEVELOPER Authorized Submitter's Phone: 7035551212 Ext. Date: 02/01/2013 end e-mail notification when this and any future responses are available. heck this box if you wish to add/update this subject in your subject database for	I certify that I					
Authorized Submitter's Phone: 7035551212 Ext. Date: 02/01/2013 end e-mail notification when this and any future responses are available. neck this box if you wish to add/update this subject in your subject database for		•				
Authorized Submitter's Phone: 7035551212 Ext. Date: 02/01/2013 end e-mail notification when this and any future responses are available. heck this box if you wish to add/update this subject in your subject database for	Authorized Su	bmitter's Title:	DEVELOPER			
Date: 02/01/2013 end e-mail notification when this and any future responses are available. heck this box if you wish to add/update this subject in your subject database for	Authorized Su	bmitter's Phon				
heck this box if you wish to add/update this subject in your subject database for	Date:					
neck this box if you wish to add/update this subject in your subject database for	end e-mail notific	ation when this	and any future responses are available.			
se in future queries and/or reports. Duplicate entries in your subject database may						

Submit to Data Bank

Validate Without Submitting

Store as a Draft



DEFERRED CONVICTION or PRE-TRIAL DIVERSION

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905974, complete all necessary modifications in the form below, and press **Submit to Data Bank**.

The report entered here will replace the original report, so please ensure that all known data is entered in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0239 expiration date 05/31/14

<u>Public Burden Statement:</u> An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0239 (HIPDB). Public reporting burden for this collection of information is estimated to average 15 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

SUBJECT INFORMATION



MEDICAL ORGAI	NIZATION
Add another name	e used
Oliak Wala A	for information on filling out non LLC and military addresses
Click Help ?	for information on filling out non-U.S. and military addresses.
ldress	
Street Address:	123 MAIN STREET
	123 MAIN STREET
Address Line 2:	
	123 MAIN STREET FAIRFAX
Address Line 2:	
Address Line 2: City:	FAIRFAX

Туре
Organization Type: 361 Chiropractic Group/Practice
Estant English Mark (FEIN)
Federal Employer Identification Numbers (FEIN)
123456789
Add another FEIN
Social Security Numbers (SSN)
Add another SSN
Individual Taxpayer Identification Numbers (ITIN)
Add another ITIN
Drug Enforcement Administration (DEA) Numbers
Add another DEA Number
National Provider Identifiers (NPI)
Add another NPI
Medicare Provider/Supplier Numbers
Add another Medicare Provider/Supplier Number
Organization State Licensure Information
(If no State License, check the 'No License' box.)
State License
Number:
State of Licensure: AL Alabama
Add another License

rincipal Officers a	and Owners				
Last Name	First Name	Middle Name	Suffix	Title	

	With Which the Subject is Affiliated or Associated ated/associated health care entity in this report does not imply complicity in
the reported action.	Click Help ? for information on filling out non-U.S. and military
addresses.	
Name of Affiliated/Associate Health Care Entity:	
Address	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	
Country: (if U.S., leave blank	
Nature of Subject's Relationship to Affiliate:	CHOOSE ONE FROM LIST
Add another Affiliat	<u> </u>

INFORMATION DESCRIBING ACTION



Jurisdiction Informati	on	
Federal		
○ State/Local		
Venue: (Court Name)	FEDERAL VENUE	
City:	FAIRFAX	
State:	VA Virginia	
Docket/Court File Number:	123 ABC	
Prosecuting Agency or Civil Plaintiff:	PROSECUTING AGENCY	

CASE NUMBER 123		
es		
Case Number		
GENCY 123		
tion Statutory Offense (e.g., False Claim)	Count (e.g., 2)	
	es Case Number	Case Number 123

Act or Omission Codes
Act or Omission 205 Billing for Services not Rendered/Supplies not Provided Code:
Add another Act or Omission Code
Narrative Description of Act(s) or Omission(s) Note : Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report.
NARRATIVE DESCRIPTION
There are 3070 characters remaining for the description
There are 3979 characters remaining for the description.
Spell Check

Sentence/Judgment Information
Date of Sentence or Judgment: 01042013
(MMDDYYYY)

Is the Action on Appeal?

© Yes	(Format NNI	NN.NN)	\$			_	
No ■ No							
© Unknow	'n						
Other Sentence Amount Ordere (Format NNNN	ed:	\$					
Suspended Se	ntence:	Years		Months		Days	
Probation:		Years		Months		Days	
Community Se	rvice:	Hours 44				_ =, - [
Other Court Or (Describe)	ders:				<u></u>		
More Sente	ence/Judgmer	nt Information					
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Submit to Data Bank

Validate Without Submitting

Store as a Draft