

CIVIL JUDGMENT

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)	YYY)			
Is Subject Deceased No © Unknow				

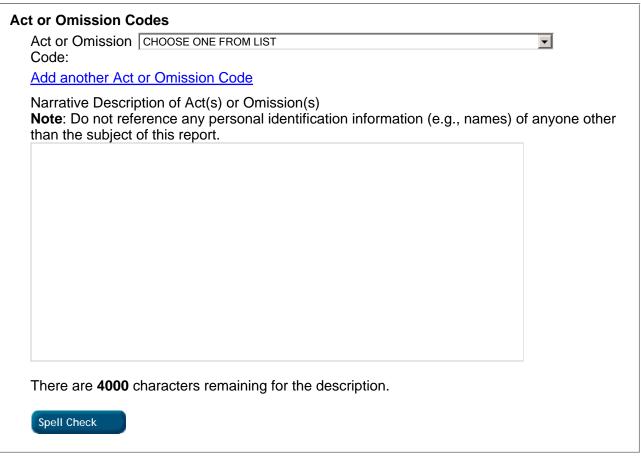
Home Address/Addr	ess of Record
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	-
Country: (if U.S., leave blan	k)
Work Information ☐ Check here if the pra	actitioner's work information is the same as your organization.
Organization	
Name:	GENERAL HOSPITAL
Type:	301 General/Acute 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:		
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 Informatio	n			
Jurisdiction:				
Federal				
○ State/Local				
Venue: (Court Name)				
City:				
State:	CHOOSE ONE	FROM LIST	_	
Docket/Court File Number:		_		
Prosecuting Agency or Civil Plaintiff:				
Prosecuting Agency or Plaintiff Case Number:				
nvestigating Agencie	s			
Name		Case Number		
Add another Investiga	ting Agenc	У		
Statutary Offanaa				
Statutory Offenses Statute Title and Sec	ion (Statutory Offense	Coun	t
(e.g., 18 USC. 287)		(e.g., False Claim)	(e.g.,	
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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

submitter to identify this transaction. This information is appears on the response returned to your organization his transaction and that all information is true and
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CIVIL JUDGMENT

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905945, 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.

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PRACTITIONER INFORMATION



- Darcana	al Information				
Persona	al Information	ı			
Practit	ioner Name				
Last	Name	First Name	Middle Name	Suffix (Jr, III)	
SMIT	ГН	JOHN			
Add a	another name	<u>used</u>			
Gende		e C Unknown			
	Date (MMDDY 51950	YYY)			
Is Sub	ject Decease	d?			
					

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)

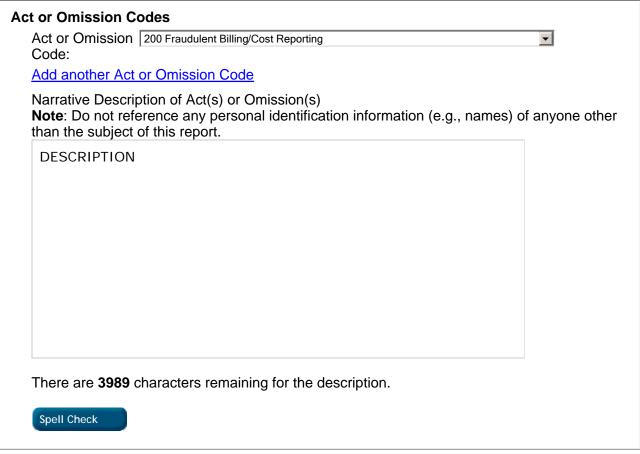
Federal Employer Identification Numbers (FEIN)

,	
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:			
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	2		

IN

urisdiction Informat	ion		
Jurisdiction:			
Federal			
○ State/Local			
Venue: (Court Name)	FEDERA	L COURT	
City:	FAIRFAX		
State:	AL Alabama	V	
Docket/Court File Number:	123ABC		
Prosecuting Agenc or Civil Plaintiff:	y PLAINTIF	F	
Prosecuting Agenc or Plaintiff Case Number: Investigating Agence	CASE NU	JMBER	
Name		Case Number	_
INVESTIGATINV A	AGENCY	123 ABC	
Add another Invest	igating Age	<u>ncy</u>	
Statutory Offenses Statute Title and Se (e.g., 18 USC. 287) 18 USC Add another Statut)	Statutory Offense (e.g., False Claim) FALSE CLAIM	Count (e.g., 2)



Sentence/Judgment Informat Date of Sentence or Judgme (MMDDYYYY)	ion ent: 01012013		
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 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.
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More Sentence/Judgment Information

Submit to Data Bank

Validate Without Submitting

Store as a Draft



CIVIL JUDGMENT

Organization Subject: Initial Report

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SUBJECT INFORMATION

raanization 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>s used</u>
lick Help ?	for information on filling out non-U.S. and military addresse
ddress	
Street Address:	123 MAIN STREET
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City:	FAIRFAX
	FAIRFAX VA Virginia
City:	
ity: tate:	

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

Last Name	First Name Middle Name Suffix Title
Add another Prin	cipal Officer or Owner
Inclusion of an af	s With Which the Subject is Affiliated or Associated filiated/associated health care entity in this report does not imply complic
the reported action addresses.	on. Click Help ? for information on filling out non-U.S. and military
Name of Affiliated/Associa Health Care Entit	
Address	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	
Country: (if U.S., leave bla	ınk)
Nature of Subject Relationship to Affiliate:	t's CHOOSE ONE FROM LIST
Add another Affili	<u>ate</u>
RMATION DESCRIE	
Jurisdiction Inform	ation
Jurisdiction: © Federal	
© State/Loca	al
Venue:	~
(Court Name)	
City:	
State:	CHOOSE ONE FROM LIST

Prosecuting Agency or Civil Plaintiff:

or Plaintiff Case		
Number:		
vestigating Agencies		
Name	Case Number	7
Add another Investigating Ag	<u>ency</u>	
tatutory Offenses		
Statute Title and Section	Statutory Offense	Count
(e.g., 18 USC. 287)	(e.g., False Claim)	(e.g., 2)
Add another Statutory Offens	<u>e</u>	
t or Omission Codes		
Act or Omission CHOOSE ONE	FROM LIST	
Code:		
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Cher Sentence/Judgment Amount Ordered: (Format NNNN.NN) Suspended Sentence: Years Months Days Probation: Years Months Days Community Service: Hours 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 informat returned without modification and only appears on the response returned to your organiz 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 Phone: Tours of the province of th	© Yes	Restitution (Format NN	la.	
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) Suspended Sentence: Probation: Years Months Days Community Service: Hours 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 informat returned without modification and only appears on the response returned to your organiz 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 Phone: 7035551212 Date: 02/01/2013	_			
Amount Ordered: (Format NNNNN.NN) Suspended Sentence: Years Months Days Probation: Years Months Days Community Service: Hours 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 informat returned without modification and only appears on the response returned to your organiz 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 Phone: 7035551212 Ext. Date: 02/01/2013	© Unknow	n		
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Community Service: Hours 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 informat returned without modification and only appears on the response returned to your organiz 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: Date: Dat	Suspended Ser	ntence:	Years Months Days	
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 informat returned without modification and only appears on the response returned to your organiz 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 Part of the par	Probation:		Years Months Days	
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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 informat returned without modification and only appears on the response returned to your organiz 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 Ext. Date: Developer Ext. Developer Ext.				
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This optional field may be used by the submitter to identify this transaction. This informat returned without modification and only appears on the response returned to your organiz 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 Pend e-mail notification when this and any future responses are available.				
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neck this box if you wish to add/update this subject in your subject database for e in future queries and/or reports. Duplicate entries in your subject database may				

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CIVIL JUDGMENT

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905971, 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



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Add another name	e used
Click Help ?	for information on filling out non-U.S. and military addresses.
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Street Address:	123 MAIN STREET
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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
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National Provider Identifiers (NPI)
Add another NPI
Medicare Provider/Supplier Numbers
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Organization State Licensure Information
(If no State License, check the 'No License' box.)
State License
Number:
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	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
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Name of	
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INFORMATION DESCRIBING ACTION



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

Prosecuting Agency or Plaintiff Case Number:	CASE NUMBER 123	
nvestigating Agencie	es .	
Name	Case Number	
123	ABC	
Statutory Offenses		
Statute Title and Sect	,	Count (e.g., 2)
Statutory Offenses Statute Title and Section (e.g., 18 USC. 287) 18 USC 287	tion Statutory Offense (e.g., False Claim) FALSE CLAIM	Count (e.g., 2)

ct or Omission Codes
Act or Omission 207 Misrepresentation of Services/ Supplies 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 OF ACT(S) OR OMISSION(S)
There are 3954 characters remaining for the description.
Spell Check

Sentence/Judgment Information
Date of Sentence or Judgment: 01032013
(MMDDYYYY)

Is the Action on Appeal?

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No							
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Community Se	rvice:	Hours 44		,			
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More Sente	ence/Judgmen	nt Information					
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