

REPORT INPUT FORM

PEER REVIEW ORGANIZATION: Initial Report

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OMB # 0915-0126 expiration date 05/31/16

Public Burden Statement: 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 0915-0126. Public reporting burden for this collection of information is estimated to average 45 minutes to complete this form, 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 10-29, Rockville, Maryland, 20857.

1. Subject Information

2. Action Information

3. Certification

PRACTITIONER INFORMATION

[Help ?](#)

Please provide as much information as possible to make your report easier for other registered organizations to find. Your report may help inform decisions about practitioners under consideration for actions such as employment, licensing or privileging.

Personal Information

Practitioner Name

Last Name

MANN

First Name

ANITTA

Middle Name

Suffix (Jr, III)

[Add another name used](#)

Gender

 Male Female Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

 No Unknown Yes

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Home Address/Address of Record

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

Country:

(if U.S., leave blank)

Work Information

Check here if the practitioner's work information is the same as your organization.

Organization

Name:

Type:

Click [Help ?](#) for information on filling out non-U.S. and military addresses.

Address

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

Country:

(if U.S., leave blank)

REPORT INPUT FORM



Social Security Numbers (SSN)

[Add another SSN](#)

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](#)

REPORT INPUT FORM

Add information for at least one state license.

License 1

Other Name for Occupation



Select an Occupation or Field of Licensure

Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

Pod

Podiatric Service Practitioner

Podiatrist

Podiatric Assistant

Other Podiatric Service Occupation - Not Classified, Specify

[Don't see what you're looking for?](#)

Address Line 2:

City:

REPORT INPUT FORM

Occupation And State Licensure Information

Add information for at least one state license.

License 1

Occupation/Field of Licensure		Other Name for Occupation (Optional)
<input type="text" value="Podiatrist"/>		<input type="text"/>
State	License Number	<input type="checkbox"/> Unlicensed / No license number for this occupation
<input type="text" value="MD Maryland"/>	<input type="text" value="MD56"/>	

[Add](#) occupation/field of licensure

Professional Schools Attended

The form will suggest schools as you type. Please choose the matching school or enter the complete school name.

School Name:	Year of Graduation (YYYY)
<input type="text" value="University of the Foot"/>	<input type="text" value="2006"/>

[Add another Professional School](#)

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 ?](#) 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:

ZIP Code: -

Country:

(if U.S., leave blank)

How is the subject of this report related to the affiliated entity?

The subject is a

[Add another Affiliate](#)

- Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.

[Help ?](#)

[Continue to Action Information →](#)

[Store as a Draft →](#)

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1. Subject Information

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Select a Basis for Action

Enter a keyword or phrase to find matching bases. (Example: "failure")

Search

Fraud, Deception, or Misrepresentation

Improper or Abusive Billing Practices

Submitting False Claims

Unsafe Practice or Substandard Care

Failure to Provide Medically Reasonable and/or Necessary Items or Services

Furnishing Unnecessary or Substandard Items or Services

Other

Other - Not Classified, Specify

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FINDING INFORMATION

Basis for Finding

Choose a basis for finding that best describes the reason for the action.

Basis for Finding 1

Basis for Finding

Improper or Abusive Billing Practices

[Add](#) basis for action

Finding Information

Type of Negative Finding: 1830 - Recommendation to Sanction
 1889 - Other Finding - Not Classified, Specify
Abusive Stuff

Date of Finding: 11 / 25 / 2014

Description of Finding:

Note: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report. The description must include sufficient specificity to enable a knowledgeable reviewer to determine clearly the circumstances of the action(s) or surrender. Refer to [Reporting](#), Submitting a Factually-Sufficient Narrative, for detailed information.

She had abusive billing practices.

There are 3966 characters remaining for the description.

[Spell Check](#)

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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 is returned without modification and only appears on the response returned to your organization.

Customer Use:

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1. Subject Information

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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:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date:

[Submit to Data Bank →](#)

[Store as a Draft →](#)

[Return to Options](#)

MANN, ANITTA

REPORT DISCLOSURE TESTING

PEER REVIEW ORGANIZATION ACTION

Date of Action: 11/25/2014

Initial Action

Basis for Initial Action

- RECOMMENDATION TO SANCTION
- OTHER, SEE SECTION C. OF THE REPORT FOR
DETAILS

- IMPROPER OR ABUSIVE BILLING PRACTICES

**A. REPORTING
ENTITY**

Entity Name: REPORT DISCLOSURE TESTING
Address: 123 FAKE ST.
City, State, Zip: FAIRFAX, VA 22030
Country:
Name or Office: DEVELOPER
Title or Department: DEVELOPER
Telephone: (703) 555-1212
Entity Internal Report Reference:
Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MANN, ANITTA
Other Name(s) Used:
Gender: FEMALE
Date of Birth: 01/01/1982
Organization Name: REPORT DISCLOSURE TESTING
Work Address: 123 FAKE ST.
City, State, ZIP: FAIRFAX, VA 22030
Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)
Home Address: 5600 FISHERS LN
City, State, ZIP: ROCKVILLE, MD 20852-1750
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-1111
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSITY OF THE FOOT (2006)
Occupation/Field of Licensure (Code): PODIATRIST
State License Number, State of Licensure: MD56, MD
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.): FOOTCAREINC
Business Address of Affiliate: 5600 FISHERS LN
City, State, ZIP: ROCKVILLE, MD 20852-1750
Nature of Relationship(s): SUBJECT IS OWNER/PARTNER OF AFFILIATE OR ASSOCIATE (100)

C. INFORMATION REPORTED

Type of Adverse Action: PEER REVIEW ORGANIZATION
Basis for Finding: IMPROPER OR ABUSIVE BILLING PRACTICES (55)
Type of Negative Finding: RECOMMENDATION TO SANCTION (1830)
OTHER FINDING - NOT CLASSIFIED, SPECIFY (1889)
Other, as Specified: ABUSIVE STUFF
Date of Finding: 11/25/2014
Description of Finding: SHE HAD ABUSIVE BILLING PRACTICES.

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: 11/25/2014
Date of Most Recent Change: 11/25/2014

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