REPORT INPUT FORM

theDataBank
NATIONAL PRACTITIONER

GOVERNMENT ADMINISTRATIVE: Initial Report

Hide Public Burden Statement
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 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 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.

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	First Name	Middle Name	Suffix (Jr, III)
MANN	ANITTA		

Add another name used

REPORT INPUT FORM

Gender

( ) Male (•) Female ( ) Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

(•) No ( ) Unknown ( ) Yes

Home Address/Address of Record

Street Address: 5600 FISHERS LN

Address Line 2:

City: ROCKVILLE

State: MD Maryland

ZIP Code: 20852 - 1750

Country:
(if U.S., leave blank)

REPORT INPUT FORM

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Work Information

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

Organization

Name: LICENSING BOARD

Type: CHOOSE ONE FROM LIST

Click Help ? for information on filling out non-U.S. and military addresses.

Address

Street Address: 123 CEDAR LANE

Address Line 2:

City: ROCKVILLE

State: MD Maryland

ZIP Code: 20857 - 0001

Country:
(if U.S., leave blank)

Social Security Numbers (SSN)

*****1111 Edit

Add another SSN

REPORT INPUT FORM

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Federal Employer Identification Numbers (FEIN)

Add another FEIN

National Provider Identifiers (NPI)

Add another NPI

Drug Enforcement Administration (DEA) Numbers

AM111111111

Add another DEA Number

Unique Physician Identification Numbers (UPIN)

Add another UPIN

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Select an Occupation or Field of Licensure
Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

Recently Used

- Podiatrist

Physician

- Physician (MD)
- Physician Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical

- Registered Nurse
- Nurse Anesthetist
- Nurse Midwife
- Nurse Practitioner
- Licensed Practical or Vocational Nurse
- Clinical Nurse Specialist
- Other Nurse Occupation - Not Classified, Specify

Don't see what you're looking for?

Name of Affiliated/Associated

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Occupation And State Licensure Information

Add information for at least one state license.

License 1

Occupation/Field of Licensure: Podiatrist

Other Name for Occupation (Optional):

State: MD Maryland

License Number: SL56

☐ Unlicensed / No license number for this occupation

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: UNIVERSITY OF THE FOOT

Year of Graduation (YYYY): 2006

Add another Professional School

REPORT INPUT FORM

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: FOOTCAREINC

Address

Street Address:

Address Line 2:

City:

State: CHOOSE ONE FROM LIST

ZIP Code: -

Country: (if U.S., leave blank)

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

The subject is a CHOOSE ONE FROM LIST

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 →

REPORT INPUT FORM

GOVERNMENT ADMINISTRATIVE: Initial Report

Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

Please select the category related to the action(s) you are reporting:

- (selected) **Actions related to certification agreements or contracts for participation in a Federal or State health care program, including State nurse aide registry findings**
  (Includes, but is not limited to, termination or suspension of certification agreement or contract for participation in a Federal or State health care program, loss of or right to apply for or renew certification agreement or contract, any negative action or finding that is publicly available related to certification agreement or contract, etc.)

  Select up to five adverse action classification codes from one of the action categories and click Continue.
  Note: Any existing selections can be changed.

  - [ ] Termination of Medicare or Other Federal Health Care Program Participation (1510)
  - [ ] Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action (1512)
  - [ ] Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause (1513)
  - [ ] Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action (1517)
  - [ ] Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause (1518)
  - [ ] Denial of Initial Application (1525)
  - [ ] Civil Money Penalty Imposed by a Federal or State Health Care Program (1531)
  - [ ] Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program (1533)
  - [ ] Termination of Medicaid or Other State Health Care Program Participation (1551)
  - [ ] Employment Disqualification Based on Finding in State Nurse Aide Registry (1555)
  - [ ] Negative Finding or Listing in a State Health Care Practitioner Registry (1556)
  - [ ] Action Imposed by Medicaid or Other State Health Care Program - Not Classified, Specify (1579)
  - [ ] Other Action Imposed by Medicare or Other Federal Health Care Program - Not Classified, Specify (1598)
  - [ ] Other Certification Action - Not Classified, Specify (1599)

- **Other adjudicated action or decision**
  (a formal or official final action which includes due process and is related to health care delivery or payment, including a personnel-related actions such as suspension without pay, reduction in pay, reduction in grade for cause, termination or other comparable action. This specifically excludes clinical privileges and panel membership actions.)

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

GOVERNMENT ADMINISTRATIVE: Initial Report

Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

Please select the category related to the action(s) you are reporting:

- ○ **Actions related to certification agreements or contracts for participation in a Federal or State health care program, including State nurse aide registry findings**
  (Includes, but is not limited to, termination or suspension of certification agreement or contract for participation in a Federal or State health care program, loss of or right to apply for or renew certification agreement or contract, any negative action or finding that is publicly available related to certification agreement or contract, etc.)
- ◉ **Other adjudicated action or decision**
  (a formal or official final action which includes due process and is related to health care delivery or payment, including a personnel-related actions such as suspension without pay, reduction in pay, reduction in grade for cause, termination or other comparable action. **This specifically excludes clinical privileges and panel membership actions.**)

Select up to five adverse action classification codes from one of the action categories and click **Continue.**
Note: Any existing selections can be changed.

- ☐ Contract Termination (1521)
- ☐ Administrative Fine/Monetary Penalty (1536)
- ☐ Civil Money Penalty (1539)
- ☐ Disqualification of Clinical Investigator From Receiving Investigational Products (1552)
- ☐ Personnel Action - Employee Termination (1561)
- ☐ Personnel Action - Employee Suspension (1563)
- ☐ Personnel Action - Not Classified, Specify (1566)
- ☐ Other Adjudicated Action or Decision - Not Classified, Specify (1588)

REPORT INPUT FORM

Basis for Action

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

Search

Non-Compliance With Requirements

- Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
- Debarment From Federal or State Program
- Default on Health Education Loan or Scholarship Obligations
- Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- Exclusion or Suspension From a Federal or State Health Care Program
- Failure to Maintain Adequate or Accurate Records
- Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- Failure to Perform Contractual Obligations
- Failure to Repay Overpayment
- License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
- Practicing With an Expired License
- Practicing Without a License

Don't see what you're looking for?

Yes, with conditions (requires a Revision to Action Report when status changes)

No

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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

Basis for Action 1

Basis for Action

Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility

Add basis for action

Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report: ABCD

Date action was taken:

12 / 03 / 2014

Date action became effective:

12 / 03 / 2014

Length of Action:

- (selected) Permanent
- Indefinite/Unspecified
- Specific Period

Is Reinstatement Automatic at Completion of Adverse Action Period?

- (selected) Yes
- Yes, with conditions (requires a Revision to Action Report when status changes)
- No

Total Amount of Monetary Penalty, Assessment and/or Restitution or fine: (Format NNNNN.NN) $ 1

Note: If no amount, leave this field blank.

Is the Action on Appeal?

- (•) Yes
- ( ) No
- ( ) Unknown

Date of Appeal: 12 / 03 / 2014

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

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.

Provided bad foot care.

There are 3977 characters remaining for the description.

Spell Check

REPORT INPUT FORM

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:

Continue to Certification → Store as a Draft →

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

GOVERNMENT ADMINISTRATIVE: Initial Report

Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

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: JANET DOE

Authorized Submitter's Title: BOARD OFFICIAL

Authorized Submitter's Phone: 5555555555 Ext.

Date: 12/03/2014

Submit to Data Bank → Store as a Draft →

Return to Options

MANN, ANITTA

LICENSING BOARD

GOVERNMENT ADMINISTRATIVE ACTION — Date of Action: 12/03/2014

Initial Action	Basis for Initial Action
- TERMINATION OF MEDICARE OR OTHER FEDERAL HEALTH CARE PROGRAM PARTICIPATION - CIVIL MONEY PENALTY IMPOSED BY A FEDERAL OR STATE HEALTH CARE PROGRAM	- CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY ANOTHER HOSPITAL OR HEALTH CARE FACILITY

A. REPORTING ENTITY

Entity Name:	LICENSING BOARD
Address:	123 CEDAR LANE
City, State, Zip:	ROCKVILLE, MD 20857-0001
Country:	
Name or Office:	JANET DOE
Title or Department:	BOARD OFFICIAL
Telephone:	(555) 555-5555
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:	LICENSING BOARD
Work Address:	123 CEDAR LANE
City, State, ZIP:	ROCKVILLE, MD 20857-0001
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
Individual Taxpayer Identification Numbers (ITIN):	
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:	SL56, MD
Drug Enforcement Administration (DEA) Numbers:	AM111111111
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:	
City, State, ZIP:	
Nature of Relationship(s):	

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the DataBank

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

http://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Type of Adverse Action:	GOVERNMENT ADMINISTRATIVE
Basis for Action:	CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY ANOTHER HOSPITAL OR HEALTH CARE FACILITY (A8)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	ABCD
Adverse Action Classification Code(s):	TERMINATION OF MEDICARE OR OTHER FEDERAL HEALTH CARE PROGRAM PARTICIPATION (1510) CIVIL MONEY PENALTY IMPOSED BY A FEDERAL OR STATE HEALTH CARE PROGRAM (1531)
Date Action Was Taken:	12/03/2014
Date Action Became Effective:	12/03/2014
Length of Action:	PERMANENT
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 1.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES
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:	PROVIDED BAD FOOT CARE.

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

Date of Appeal: 12/03/2014

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: 12/03/2014
Date of Most Recent Change: 12/03/2014

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Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

GOVERNMENT ADMINISTRATIVE: Initial Report

Hide Public Burden Statement
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 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 10-29, Rockville, Maryland, 20857.

1. Subject Information | 2. Action Information | 3. Certification

SUBJECT INFORMATION

Help ?

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

Organization Information

Organization Name

FOOTCAREINC.

Add another name used

REPORT INPUT FORM

Click Help ? for information on filling out non-U.S. and military addresses.

Address

Street Address: 5600 FISHERS LN

Address Line 2:

City: ROCKVILLE

State: MD Maryland

ZIP Code: 20852 - 1750

Country: (if U.S., leave blank)

Type

Organization Type: 361 Chiropractic Group/Practice

Federal Employer Identification Numbers (FEIN)

111111111

Add another FEIN

REPORT INPUT FORM

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Social Security Numbers (SSN)

Add another SSN

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Drug Enforcement Administration (DEA) Numbers

Add another DEA Number

Clinical Laboratory Improvement Act (CLIA) Numbers

Add another CLIA Number

Federal Food and Drug Administration (FDA) Numbers

Add another FDA Number

REPORT INPUT FORM

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: SL89 OR ☐ No License

State of Licensure: MD Maryland

Add another License

Principal Officers and Owners

Last Name	First Name	Middle Name	Suffix	Title
MANN	ANITTA			

Add another Principal Officer or Owner

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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: FOOTCAREINC2

Address

Street Address:

Address Line 2:

City:

State: CHOOSE ONE FROM LIST

ZIP Code: -

Country: (if U.S., leave blank)

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

The subject is a Subsidiary

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 →

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

GOVERNMENT ADMINISTRATIVE: Initial Report

Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

Please select the category related to the action(s) you are reporting:

(•) **Actions related to certification agreements or contracts for participation in a Federal or State health care program, including State nurse aide registry findings**
(includes, but is not limited to, termination or suspension of certification agreement or contract for participation in a Federal or State health care program, loss of or right to apply for or renew certification agreement or contract, any negative action or finding that is publicly available related to certification agreement or contract, etc.)

Select up to five adverse action classification codes from one of the action categories and click **Continue**.
Note: Any existing selections can be changed.

- [ ] Directed Plan of Correction (3202)
- [ ] On-Site Monitoring (3203)
- [ ] Directed In-Service Training (3205)
- [ ] Appointment of Temporary Management (3206)
- [ ] Restrictions on Admissions or Services (3207)
- [ ] Closure of Facility (3210)
- [ ] Transfer of Residents to Other Facilities Without Closure of the Facility (3212)
- [ ] Civil Money Penalty Imposed by a Federal or State Health Care Program (3231)
- [ ] Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program (3234)
- [ ] Termination of Medicare or Other Federal Health Care Program Participation (3510)
- [ ] Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action (3512)

- ☐ Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action (3517)
- ☐ Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause (3518)
- ☐ Denial of Initial Application (3525)
- ☐ Marketing Activities Suspended or Restricted (3540)
- ☐ Beneficiary Enrollment Suspended (3542)
- ☐ Termination of Medicaid or Other State Health Care Program Participation (3551)
- ☐ Other Action Imposed by Medicaid or Other State Health Care Program - Not Classified, Specify (3579)
- ☐ Other Action Imposed by Medicare or Other Federal Health Care Program - Not Classified, Specify (3598)
- ☐ Other Certification Action - Not Classified, Specify (3599)

○ **Other adjudicated action or decision**
(a formal or official final action which includes due process and is related to health care delivery or payment, including a personnel-related actions such as suspension without pay, reduction in pay, reduction in grade for cause, termination or other comparable action. **This specifically excludes clinical privileges and panel membership actions.**)

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

GOVERNMENT ADMINISTRATIVE: Initial Report

Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

Please select the category related to the action(s) you are reporting:

- ( ) **Actions related to certification agreements or contracts for participation in a Federal or State health care program, including State nurse aide registry findings**
  (includes, but is not limited to, termination or suspension of certification agreement or contract for participation in a Federal or State health care program, loss of or right to apply for or renew certification agreement or contract, any negative action or finding that is publicly available related to certification agreement or contract, etc.)
- (•) **Other adjudicated action or decision**
  (a formal or official final action which includes due process and is related to health care delivery or payment, including a personnel-related actions such as suspension without pay, reduction in pay, reduction in grade for cause, termination or other comparable action. **This specifically excludes clinical privileges and panel membership actions.**)

Select up to four adverse action classification codes from one of the action categories and click **Continue**.
Note: Any existing selections can be changed.

- [ ] Contract Termination (3521)
- [ ] Administrative Fine/Monetary Penalty (3538)
- [ ] Civil Money Penalty (3539)
- [ ] Other Adjudicated Action or Decision - Not Classified, Specify (3588)

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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

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

Search

Non-Compliance With Requirements

- Debarment From Federal or State Program
- Employing or Contracting With Individuals or Entities Excluded From a Federal or State Health Care Program
- Exclusion or Suspension From a Federal or State Health Care Program
- Failure to Comply With Health and Safety Requirements
- Failure to Comply With the Composition of Enrollment Requirements
- Failure to Maintain Adequate or Accurate Records
- Failure to Maintain Equipment/Missing or Inadequate Equipment
- Failure to Maintain Records or Provide Medical, Financial or Other Required Information
- Failure to Obtain a Surety Bond
- Failure to Perform Contractual Obligations
- Failure to Repay Overpayment
- Failure to Take Corrective Action
- Financial Insolvency

Don't see what you're looking for?

Yes
No

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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

Basis for Action 1

Basis for Action

Debarment From Federal or State Program

Add basis for action

Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report:

Date action was taken:

MM / DD / YYYY

Date action became effective:

MM / DD / YYYY

Is Reinstatement Automatic at Completion of Adverse Action Period?

- Yes
- Yes, with conditions (requires a Revision to Action Report when status changes)
- No

Total Amount of Monetary Penalty, Assessment and/or Restitution or fine: (Format NNNNN.NN) $

Note: If no amount, leave this field blank.

Is the Action on Appeal?

- Yes (selected)
- No
- Unknown

Date of Appeal: 12 / 03 / 2014

REPORT INPUT FORM

theDataBank NATIONAL PRACTITIONER

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
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.

Provided bad foot care.

There are **3977** characters remaining for the description.

Spell Check

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:

Continue to Certification → Store as a Draft →

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin   Sign Out

REPORT INPUT FORM

GOVERNMENT ADMINISTRATIVE: Initial Report

Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

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: JANET DOE

Authorized Submitter's Title: BOARD OFFICIAL

Authorized Submitter's Phone: 5555555555 Ext.

Date: 12/03/2014

Submit to Data Bank → Store as a Draft →

Return to Options

FOOTCAREINC.

LICENSING BOARD

GOVERNMENT ADMINISTRATIVE ACTION — Date of Action: 12/03/2014

Initial Action	Basis for Initial Action
- CONTRACT TERMINATION	- DEBARMENT FROM FEDERAL OR STATE PROGRAM

A. REPORTING ENTITY

Entity Name:	LICENSING BOARD
Address:	123 CEDAR LANE
City, State, Zip:	ROCKVILLE, MD 20857-0001
Country:	
Name or Office:	JANET DOE
Title or Department:	BOARD OFFICIAL
Telephone:	(555) 555-5555
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	FOOTCAREINC.
Other Organization Name(s) Used:	
Business Address:	5600 FISHERS LN
City, State, ZIP:	ROCKVILLE, MD 20852-1750
Organization Type:	CHIROPRACTIC GROUP/PRACTICE (361)
Names and Titles of Principal Officers and Owners (POO):	MANN, ANITTA
Federal Employer Identification Numbers (FEIN):	111111111
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	SL89, MD
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	FOOTCAREINC2
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	SUBJECT IS SUBSIDIARY OF AFFILIATE OR ASSOCIATE (600)

C. INFORMATION REPORTED

Type of Adverse Action:	GOVERNMENT ADMINISTRATIVE
Basis for Action:	DEBARMENT FROM FEDERAL OR STATE PROGRAM (82)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	ABCD
Adverse Action Classification Code(s):	CONTRACT TERMINATION (3521)
Date Action Was Taken:	12/03/2014
Date Action Became Effective:	12/03/2014
Length of Action:	INDEFINITE

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

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

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: PROVIDED BAD FOOT CARE.

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

Date of Appeal: 12/03/2014

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: 12/03/2014

Date of Most Recent Change: 12/03/2014

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