REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

PEER REVIEW ORGANIZATION: 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 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	First Name	Middle Name	Suffix (Jr, III)
MANN	ANITTA		

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: 5600 Fishers Ln
Address Line 2:
City: Rockville
State: MD Maryland
ZIP Code: 20852 - 1750
Country: (if U.S., leave blank)

Work Information

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

Organization

Name: REPORT DISCLOSURE TESTING
Type: 361 Chiropractic Group/Practice

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

Address

Street Address: 123 FAKE ST.
Address Line 2:
City: FAIRFAX
State: VA Virginia
ZIP Code: 22030 -
Country: (if U.S., leave blank)

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Social Security Numbers (SSN)

111111111

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

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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:

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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: MD56

☐ 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

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: 5600 Fishers Lane

Address Line 2:

City: Rockville

State: MD Maryland

ZIP Code: 20857 -

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

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

The subject is a Owner/Partner

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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PEER REVIEW ORGANIZATION: Initial Report

Show Public Burden Statement

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

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

Don't see what you're looking for?

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PEER REVIEW ORGANIZATION: Initial Report

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

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:
- [x] 1830 - Recommendation to Sanction
- [x] 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:

Continue to Certification → Store as a Draft →

Return to Options

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PEER REVIEW ORGANIZATION: 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:	DEVELOPER	
Authorized Submitter's Title:	DEVELOPER	
Authorized Submitter's Phone:	7035551212	Ext.
Date:	11/25/2014	

Submit to Data Bank → Store as a Draft →

Return to Options

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Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

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)

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DCN: 5950000090960755
Process Date: 11/25/2014

MANN, ANITTA
For authorized use by:
REPORT DISCLOSURE TESTING

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