REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: 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

Gender

○ Male ◉ Female ○ Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

◉ No ○ Unknown ○ Yes

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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:
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

the DataBank
NATIONAL PRACTITIONER

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

Occupation And State Licensure Information

Add information for at least one state license.

License 1

Occupation/Field of Licensure: Podiatrist

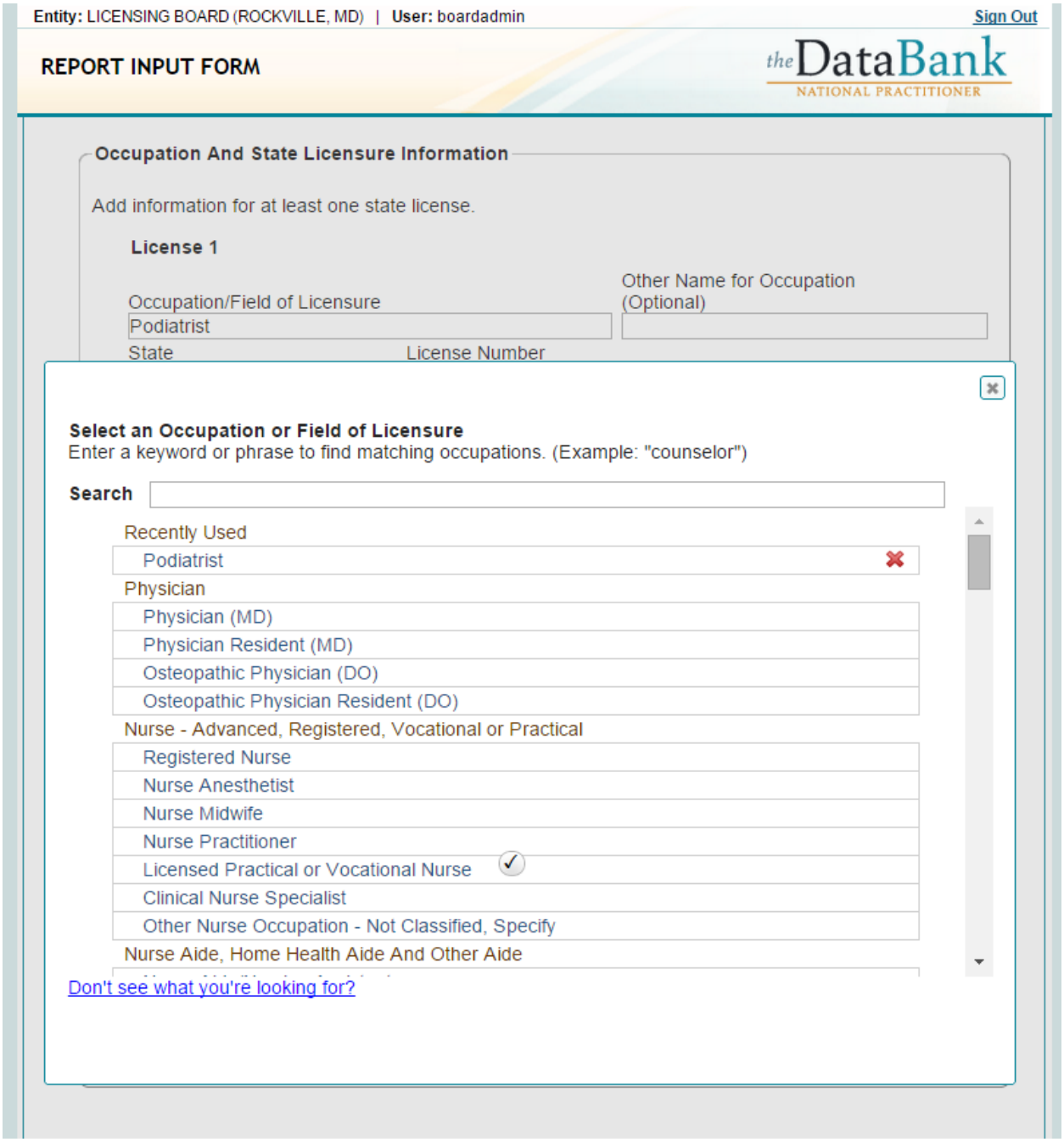
Other Name for Occupation (Optional):

State: MD Maryland

License Number: SL56

Unlicensed / No license number for this occupation

Add occupation/field of licensure


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
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
License Number
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
Nurse Aide, Home Health Aide And Other Aide
Don't see what you're looking for?

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:

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 →

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Show Public Burden Statement

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

INFORMATION DESCRIBING ACTION

Help ?

Jurisdiction Information

Jurisdiction:
- (•) Federal
- ( ) State/Local

Venue: (Court Name): Court

City: Rockville

State: MD Maryland

Docket/Court File Number: ABC123

Prosecuting Agency or Civil Plaintiff: Wanda Civil

Prosecuting Agency or Plaintiff Case Number: DEF123

Investigating Agencies

Name	Case Number

Add another Investigating Agency

Statutory Offenses

Statute Title and Section (e.g., 18 USC. 287)	Statutory Offense (e.g., False Claim)	Count (e.g., 2)
18 USC 287	False Claim	2

Add another Statutory Offense

REPORT INPUT FORM

the DataBank
NATIONAL PRACTITIONER

Act or Omission Codes

Act or Omission Code: Billing For Services Not Rendered/supplies Not Provided

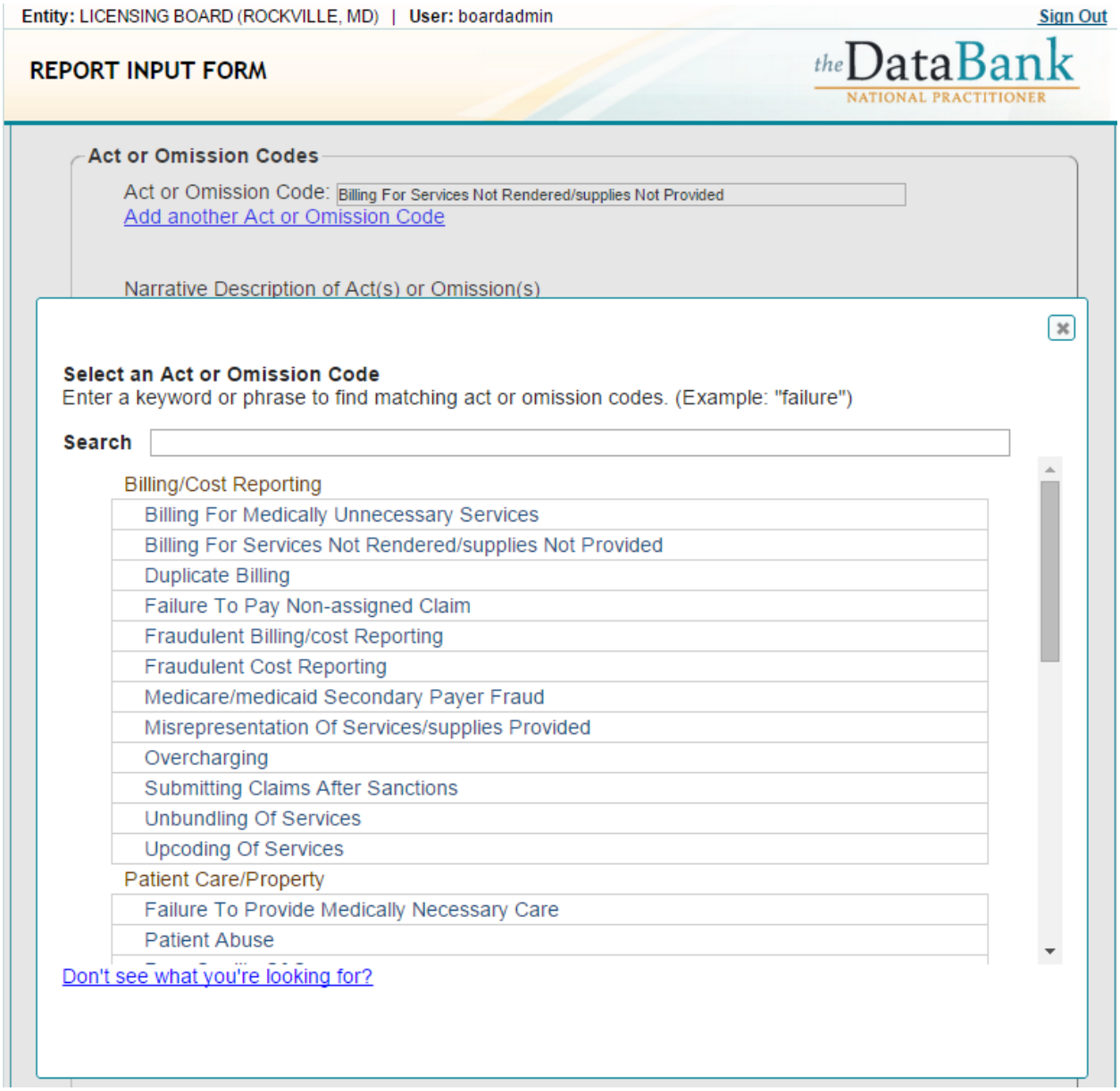
Add another Act or Omission Code

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.

Doctor did not provide services to patients.

There are **3956** characters remaining for the description.

Spell Check


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Act or Omission Codes
Act or Omission Code: Billing For Services Not Rendered/supplies Not Provided
Add another Act or Omission Code
Narrative Description of Act(s) or Omission(s)
Select an Act or Omission Code
Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")
Search
Billing/Cost Reporting
Billing For Medically Unnecessary Services
Billing For Services Not Rendered/supplies Not Provided
Duplicate Billing
Failure To Pay Non-assigned Claim
Fraudulent Billing/cost Reporting
Fraudulent Cost Reporting
Medicare/medicaid Secondary Payer Fraud
Misrepresentation Of Services/supplies Provided
Overcharging
Submitting Claims After Sanctions
Unbundling Of Services
Upcoding Of Services
Patient Care/Property
Failure To Provide Medically Necessary Care
Patient Abuse
Don't see what you're looking for?

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Sentence/Judgment Information

Date of Sentence or Judgment: 01 / 04 / 2014

Is the Action on Appeal?

- (•) Yes
- ( ) No
- ( ) Unknown

Date of Appeal: 06 / 01 / 2014

Restitution Amount: (Format NNNNN.NN) $6,000.00

Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) $500.00

Suspended Sentence: Years ____ Months ____ Days ____

Probation: Years 2 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 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

the DataBank NATIONAL PRACTITIONER

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: 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:	12/04/2014

Submit to Data Bank → Store as a Draft →

the DataBank

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Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

MANN, ANITTA

LICENSING BOARD

JUDGMENT OR CONVICTION REPORT

Date of Action: 01/04/2014

Initial Action	Basis for Initial Action
- DEFERRED CONVICTION OR PRE-TRIAL DIVERSION	- BILLING FOR SERVICES NOT RENDERED/SUPPLIES NOT PROVIDED

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:	GENERAL HOSPITAL
Work Address:	123 CEDAR LANE
City, State, ZIP:	ROCKVILLE, MD 20857-0001
Organization Type:	GENERAL/ACUTE CARE HOSPITAL (301)
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):	
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.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Venue (Court):	COURT
Jurisdiction:	FEDERAL COURT
City, State of Court:	ROCKVILLE, MD
Docket/Court File Number:	ABC123
Prosecuting Agency or Civil Plaintiff:	WANDA CIVIL

Case Number Used by Prosecuting Agency: DEF123
Type of Action: DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20)
Investigating Agency(Agencies):
Case Number(s) Used by Investigating Agency(Agencies):
Statutory Offense(s) and Count(s): 18 USC 287, FALSE CLAIM (2)
Act or Omission Code(s): BILLING FOR SERVICES NOT RENDERED/SUPPLIES NOT PROVIDED (205)
Narrative Description of Act(s) or Omission(s): DOCTOR DID NOT PROVIDE SERVICES TO PATIENTS.
Date of Judgment/Sentence: 01/04/2014

Judgment/Sentence

Restitution Amount:	$ 6,000.00		
Other Sentence/Judgment Amount:	$ 500.00		
Incarceration:	Years:	Months:	Days:
Suspended Sentence:	Years:	Months:	Days:
Home Detention:	Years:	Months:	Days:
Probation:	Years: 1	Months:	Days:
Community Service:	Hours:		
Other:			

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

Date of Appeal: 06/01/2014

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: 12/04/2014
Date of Most Recent Change: 12/04/2014

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

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: 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

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

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Federal Employer Identification Numbers (FEIN)

111111111
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: SL89 OR ☐ No License

State of Licensure: MD Maryland

Add another License

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Principal Officers and Owners

Last Name	First Name	Middle Name	Suffix	Title
MANN	ANITTA			

Add another Principal Officer or Owner

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 →

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Show Public Burden Statement

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

INFORMATION DESCRIBING ACTION

Help ?

Jurisdiction Information

Jurisdiction:
- (•) Federal
- ( ) State/Local

Venue: (Court Name)	Court
City:	Rockville
State:	MD Maryland
Docket/Court File Number:	ABC1234
Prosecuting Agency or Civil Plaintiff:	Mary Cares
Prosecuting Agency or Plaintiff Case Number:	

Investigating Agencies

Name	Case Number

Add another Investigating Agency

Statutory Offenses

Statute Title and Section (e.g., 18 USC. 287)	Statutory Offense (e.g., False Claim)	Count (e.g., 2)
18 USC. 287	False Claim	3

Add another Statutory Offense

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Act or Omission Codes

Act or Omission Code: Billing For Medically Unnecessary Services

Add another Act or Omission Code

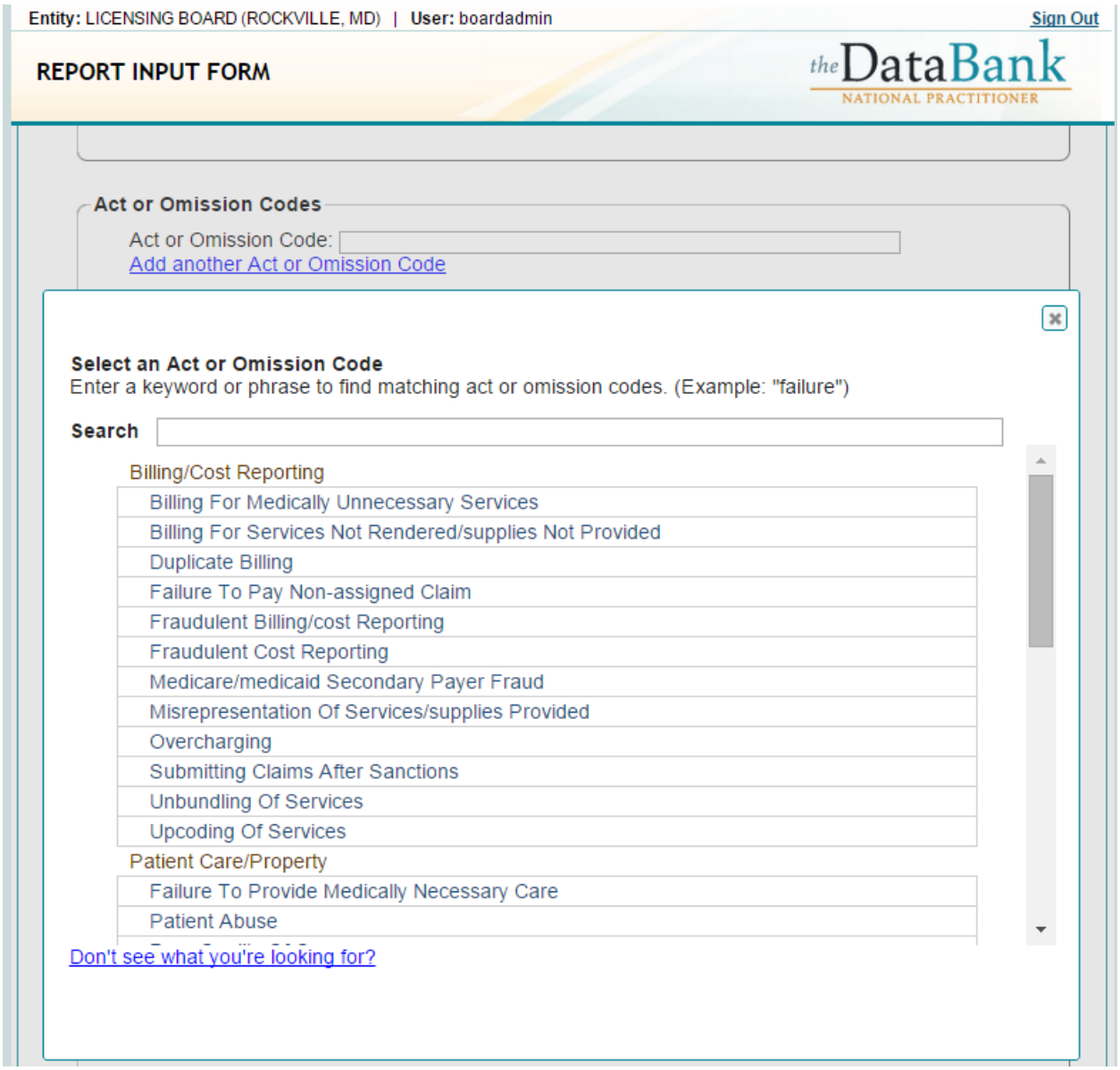
Narrative Description of Act(s) or Omission(s)

Note: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report.

Doctor billed for medically unnecesarry services.

There are **3951** characters remaining for the description.

Spell Check


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Act or Omission Codes
Act or Omission Code:
Add another Act or Omission Code
Select an Act or Omission Code
Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")
Search
Billing/Cost Reporting
Billing For Medically Unnecessary Services
Billing For Services Not Rendered/supplies Not Provided
Duplicate Billing
Failure To Pay Non-assigned Claim
Fraudulent Billing/cost Reporting
Fraudulent Cost Reporting
Medicare/medicaid Secondary Payer Fraud
Misrepresentation Of Services/supplies Provided
Overcharging
Submitting Claims After Sanctions
Unbundling Of Services
Upcoding Of Services
Patient Care/Property
Failure To Provide Medically Necessary Care
Patient Abuse
Don't see what you're looking for?

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

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Sentence/Judgment Information

Date of Sentence or Judgment: 01 / 04 / 2014

Is the Action on Appeal?

- (•) Yes
- ( ) No
- ( ) Unknown

Date of Appeal: 06 / 01 / 2014

Restitution Amount: (Format NNNNN.NN) $6,000.00

Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN) $500.00

Suspended Sentence: Years ____ Months ____ Days ____

Probation: Years 2 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 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

the DataBank NATIONAL PRACTITIONER

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: 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: 12/04/2014

Submit to Data Bank → Store as a Draft →

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Chantilly, VA 20153-0832

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FOOTCAREINC.

LICENSING BOARD

JUDGMENT OR CONVICTION REPORT

Date of Action: 01/04/2014

Initial Action	Basis for Initial Action
- DEFERRED CONVICTION OR PRE-TRIAL DIVERSION	- BILLING FOR MEDICALLY UNNECESSARY SERVICES

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:	
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

Venue (Court):	COURT
Jurisdiction:	FEDERAL COURT
City, State of Court:	ROCKVILLE, MD
Docket/Court File Number:	ABC1234
Prosecuting Agency or Civil Plaintiff:	MARY CARES
Case Number Used by Prosecuting Agency:	
Type of Action:	DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20)
Investigating Agency(Agencies):	
Case Number(s) Used by Investigating Agency(Agencies):	
Statutory Offense(s) and Count(s):	18 USC. 287, FALSE CLAIM (3)
Act or Omission Code(s):	BILLING FOR MEDICALLY UNNECESSARY SERVICES (310)

the DataBank

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

http://www.npdb.hrsa.gov

Narrative Description of Act(s) or Omission(s): DOCTOR BILLED FOR MEDICALLY UNNECESARRY SERVICES.
Date of Judgment/Sentence: 01/04/2014

Judgment/Sentence

Restitution Amount:	$ 6,000.00		
Other Sentence/Judgment Amount:	$ 500.00		
Suspended Sentence:	Years:	Months:	Days:
Probation:	Years: 2	Months:	Days:
Community Service:	Hours:		
Other:			

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

Date of Appeal: 06/01/2014

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: 12/04/2014
Date of Most Recent Change: 12/04/2014

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