Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEA/FEDERAL LICENSURE: 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.

Personal Information

Practitioner Name

Last Name	First Name	Middle Name	Suffix (Jr, III)
MANN	ANITA		

Add another name used

Gender

○ Male ◉ Female ○ Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

◉ No ○ Unknown ○ Yes

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.

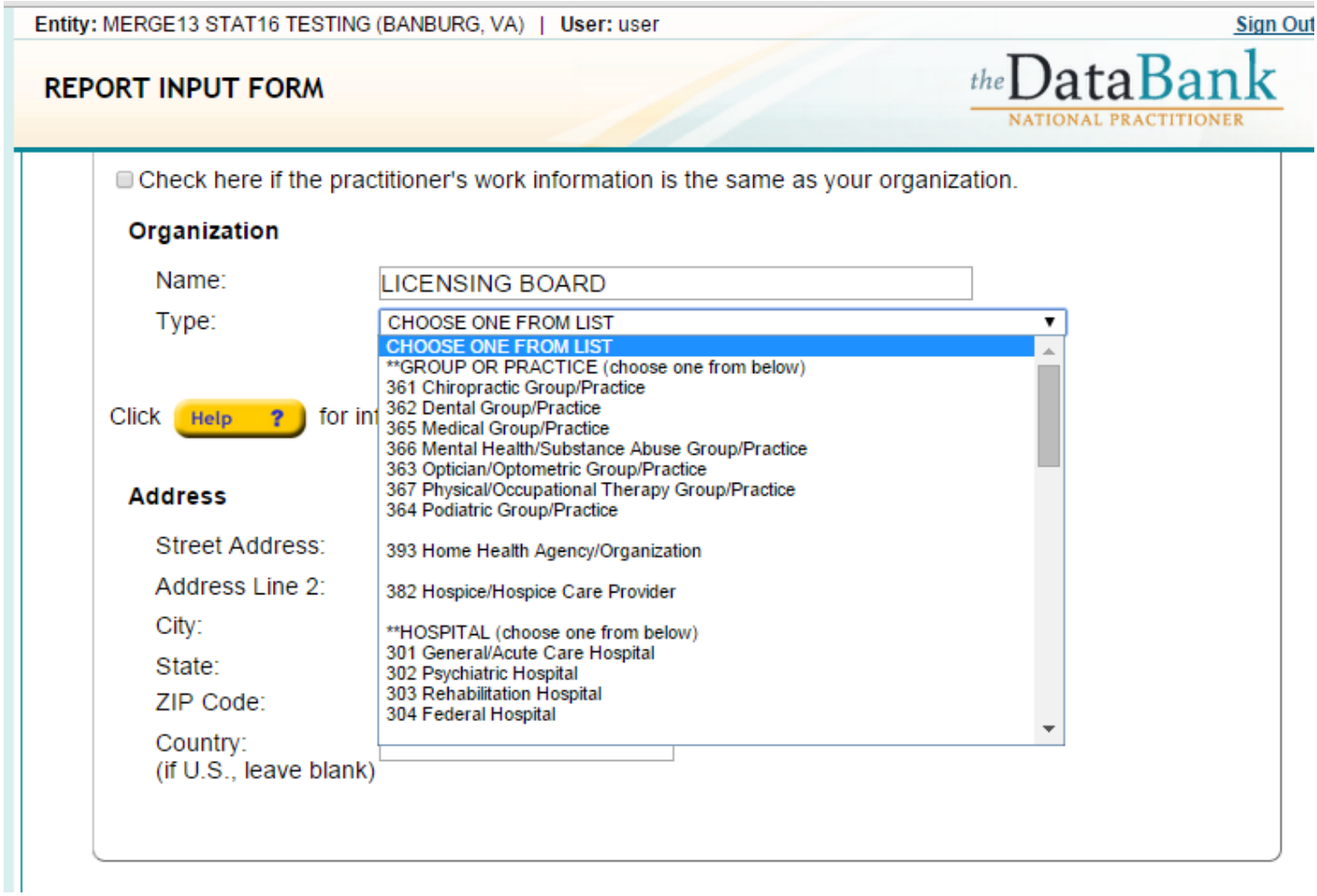
Organization

Name:	LICENSING BOARD
Type:	304 Federal Hospital

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

Address

Street Address:	1234 Federal Ln
Address Line 2:	
City:	Annapolis
State:	MD Maryland
ZIP Code:	21401 -
Country: (if U.S., leave blank)	


Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user
Sign Out
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Check here if the practitioner's work information is the same as your organization.
Organization
Name:
LICENSING BOARD
Type:
CHOOSE ONE FROM LIST
CHOOSE ONE FROM LIST
**GROUP OR PRACTICE (choose one from below)
361 Chiropractic Group/Practice
362 Dental Group/Practice
365 Medical Group/Practice
366 Mental Health/Substance Abuse Group/Practice
363 Optician/Optometric Group/Practice
367 Physical/Occupational Therapy Group/Practice
364 Podiatric Group/Practice
393 Home Health Agency/Organization
382 Hospice/Hospice Care Provider
**HOSPITAL (choose one from below)
301 General/Acute Care Hospital
302 Psychiatric Hospital
303 Rehabilitation Hospital
304 Federal Hospital
Click Help ? for in
Address
Street Address:
Address Line 2:
City:
State:
ZIP Code:
Country:
(if U.S., leave blank)

Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Social Security Numbers (SSN)

111111111
Add another SSN

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

AM123456789
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

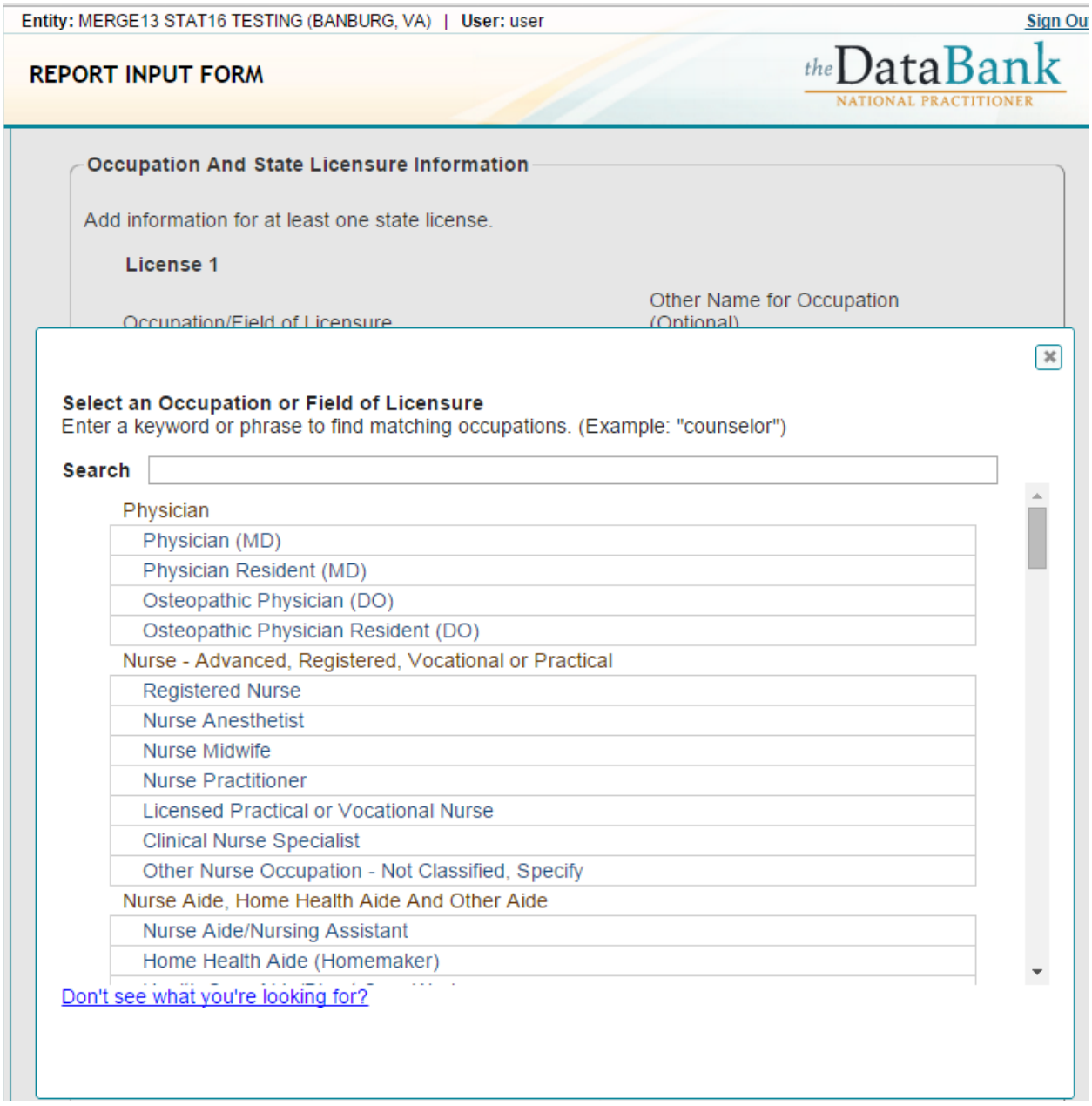
Other Name for Occupation (Optional):

State: MD Maryland

License Number: SL56

Unlicensed / No license number for this occupation

Add occupation/field of licensure


Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user
Sign Ou
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
Other Name for Occupation (Optional)
Select an Occupation or Field of Licensure
Enter a keyword or phrase to find matching occupations. (Example: "counselor")
Search
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
Nurse Aide/Nursing Assistant
Home Health Aide (Homemaker)
Don't see what you're looking for?

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)
NEW YORK COLLEGE OF PODIATRIC MEDICINE	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:

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

the DataBank NATIONAL PRACTITIONER

DEA/FEDERAL LICENSURE: Initial Report

Show Public Burden Statement

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

ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

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

- [x] Revocation of License (1110)
- [ ] Probation of License (1125)
- [x] Suspension of License (1135)
- [ ] Reprimand or Censure (1140)
- [ ] Voluntary Surrender of License (1145)
- [ ] Voluntary Limitation or Restriction on License (1146)
- [ ] Limitation or Restriction on License (1147)
- [ ] Denial of License Renewal (1148)
- [ ] Denial of Initial License (1149)
- [ ] Publicly Available Fine/Monetary Penalty (1173)
- [ ] Publicly Available Negative Action or Finding, Specify (1189)
- [ ] Other Licensure Action - Not Classified, Specify (1199)

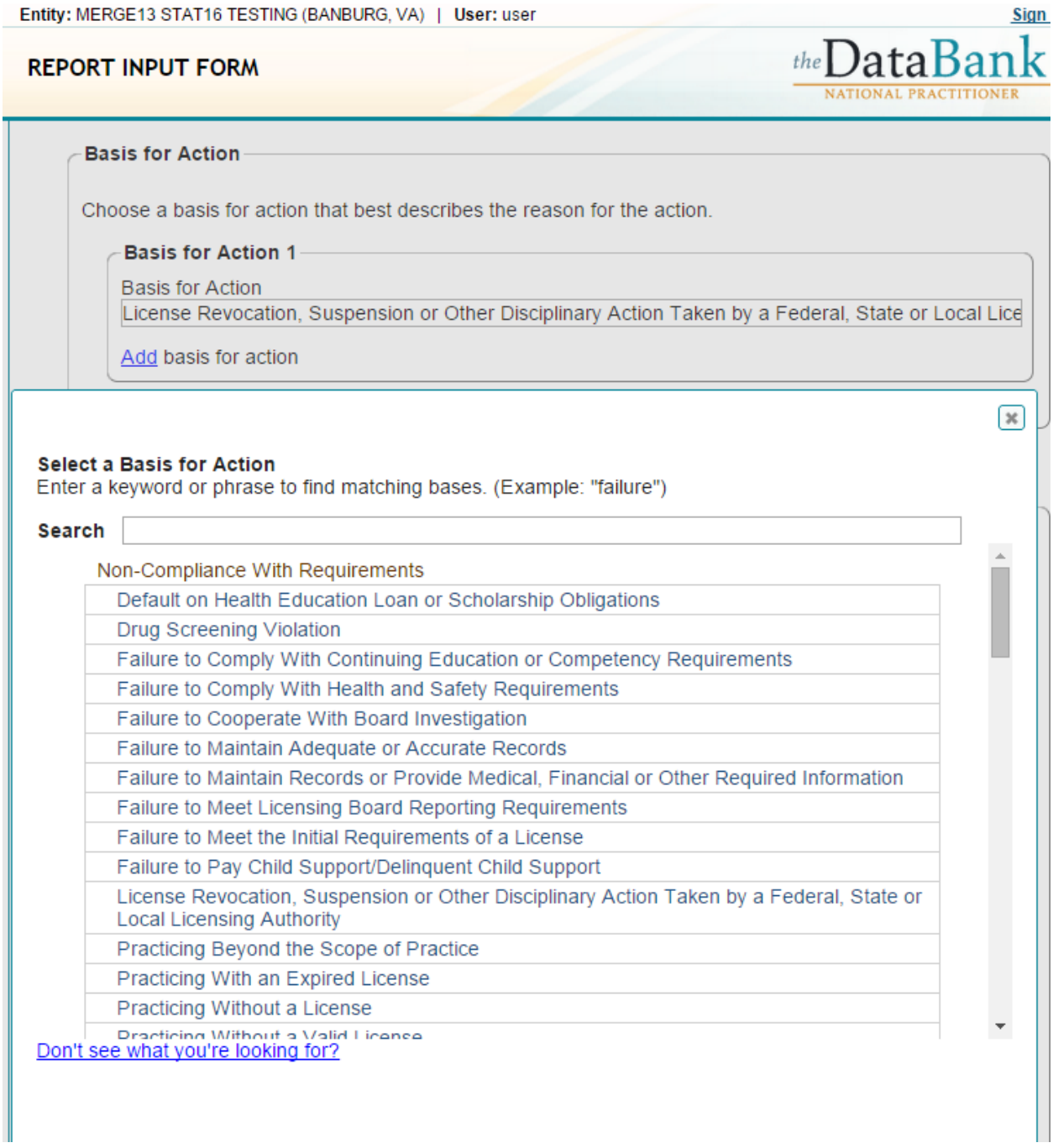
Basis for Action

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

Basis for Action 1

Basis for Action
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Lice

Add basis for action


Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user
Sign
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Basis for Action
Choose a basis for action that best describes the reason for the action.
Basis for Action 1
Basis for Action
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Lice
Add basis for action
Select a Basis for Action
Enter a keyword or phrase to find matching bases. (Example: "failure")
Search
Non-Compliance With Requirements
Default on Health Education Loan or Scholarship Obligations
Drug Screening Violation
Failure to Comply With Continuing Education or Competency Requirements
Failure to Comply With Health and Safety Requirements
Failure to Cooperate With Board Investigation
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Pay Child Support/Delinquent Child Support
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Practicing Beyond the Scope of Practice
Practicing With an Expired License
Practicing Without a License
Practicing Without a Valid License
Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Basis for Action 1

Basis for Action

License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Lice

Add basis for action

Adverse Action Information

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

Date action was taken: 11 / 15 / 2014

Date action became effective: 11 / 15 / 2014

Length of Action:

- ○ Permanent
- ○ Indefinite/Unspecified
- ◉ Specific Period

Years: 2
Months:
Days:

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: $1,000.00
(Format NNNNN.NN)
Note: If no amount, leave this field blank.

Is the Action on Appeal?

- ◉ Yes
- ○ No
- ○ Unknown

Date of Appeal: 12 / 22 / 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.

Federal licensure action related to Drug Enforcement Administration registration.

There are **3919** 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: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEA/FEDERAL LICENSURE: 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:	12/08/2014

Submit to Data Bank → | Store as a Draft →

the DataBank

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

http://www.npdb.hrsa.gov

MANN, ANITTA

MERGE13 STAT16 TESTING

DEA/FEDERAL LICENSURE ACTION

Date of Action: 11/15/2014

Initial Action	Basis for Initial Action
- REVOCATION OF LICENSE - SUSPENSION OF LICENSE	- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name:	MERGE13 STAT16 TESTING
Address:	109 GERNANY WAY
City, State, Zip:	BANBURG, VA 20175
Country:	
Name or Office:	MERGE13 STATRULE16 TESTING
Title or Department:	DEPT
Telephone:	(703) 803-1500
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:	1234 FEDERAL LN
City, State, ZIP:	ANNAPOLIS, MD 21401
Organization Type:	FEDERAL HOSPITAL (304)
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:	NEW YORK COLLEGE OF PODIATRIC MEDICINE (2006)
Occupation/Field of Licensure (Code):	PODIATRIST
State License Number, State of Licensure:	SL56, MD
Drug Enforcement Administration (DEA) Numbers:	AM123456789
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):	

C. INFORMATION REPORTED

Type of Adverse Action:	DEA/FEDERAL LICENSURE
Basis for Action:	LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	ABC INTEGRITY PROGRAM
Adverse Action Classification Code(s):	REVOCATION OF LICENSE (1110) SUSPENSION OF LICENSE (1135)
Date Action Was Taken:	11/15/2014
Date Action Became Effective:	11/15/2014
Length of Action:	SPECIFIC PERIOD
Years:	2
Months:	
Days:	
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 1,000.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)
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:	FEDERAL LICENSURE ACTION RELATED TO DRUG ENFORCEMENT ADMINISTRATION REGISTRATION.

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

Date of Appeal: 12/22/2014

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: 12/08/2014

Date of Most Recent Change: 12/08/2014

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E 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

DEA/FEDERAL LICENSURE: 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 ?

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: 364 Podiatric Group/Practice

Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user 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

Clinical Laboratory Improvement Act (CLIA) Numbers

Add another CLIA Number

Federal Food and Drug Administration (FDA) Numbers

Add another FDA Number

National Provider Identifiers (NPI)

Add another NPI

Medicare Provider/Supplier Numbers

Add another Medicare Provider/Supplier Number

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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 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

the DataBank NATIONAL PRACTITIONER

DEA/FEDERAL LICENSURE: Initial Report

Show Public Burden Statement

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

ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

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

- [x] Revocation of License or Certificate (3111)
- [x] Suspension of License or Certificate (3136)
- [ ] Reprimand or Censure (3138)
- [ ] Voluntary Surrender of License or Certificate (3141)
- [ ] Conditional, Provisional, or Probationary License or Certificate (3143)
- [ ] Denial of License or Certificate Renewal (3144)
- [ ] Denial of Initial License or Certificate (3145)
- [ ] Directed Plan of Correction (3202)
- [ ] On-Site Monitoring (3203)
- [ ] Monitoring (3204)
- [ ] 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)
- [ ] Receivership (3220)
- [ ] Liquidation (3225)
- [ ] Civil Money Penalty (3230)
- [ ] Publicly Available Fine/Monetary Penalty (3233)
- [ ] Other Licensure Action - Not Classified, Specify (3239)

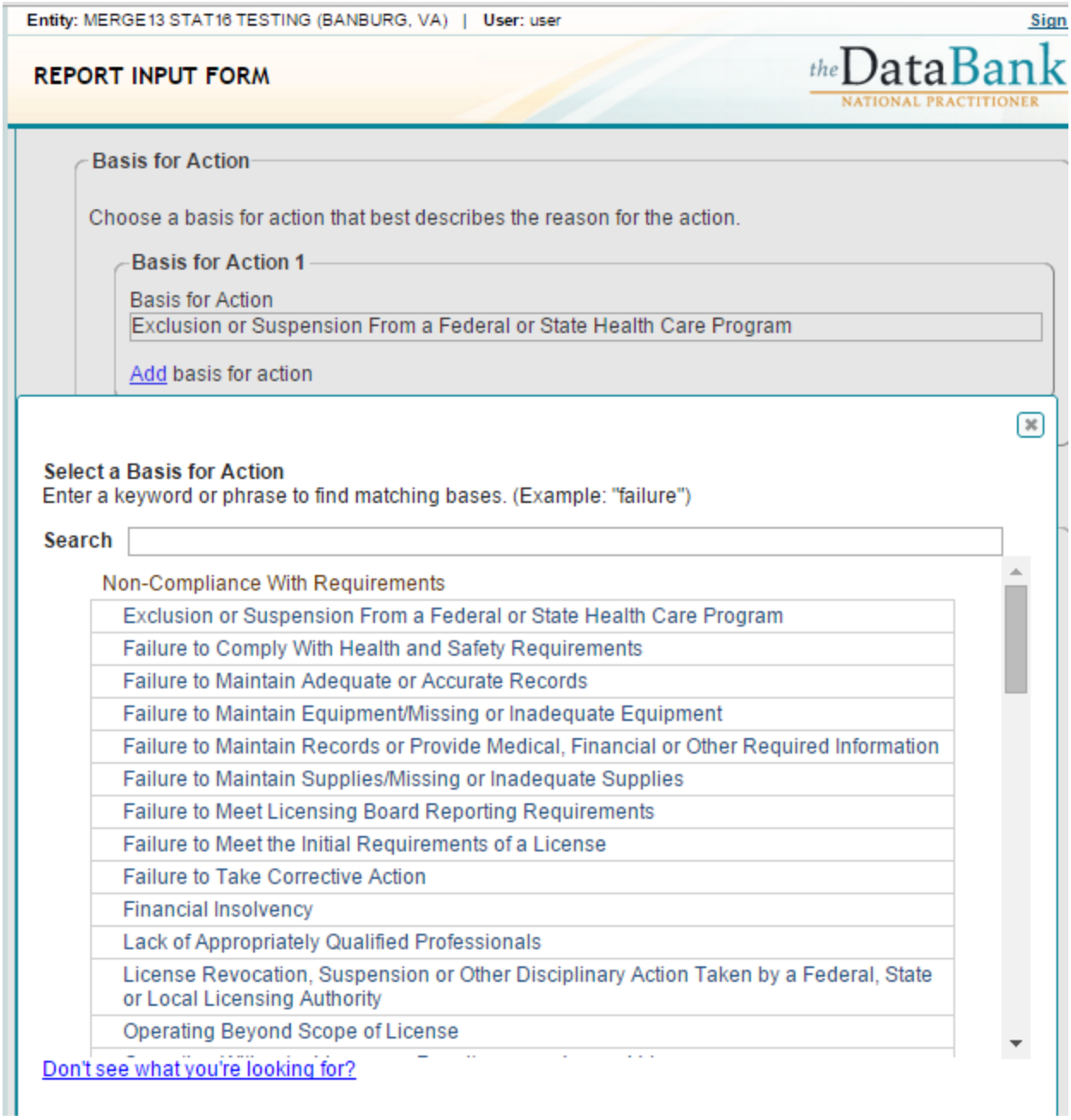
Basis for Action

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

Basis for Action 1

Basis for Action
Exclusion or Suspension From a Federal or State Health Care Program

Add basis for action


Entity: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user
Sign
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Basis for Action
Choose a basis for action that best describes the reason for the action.
Basis for Action 1
Basis for Action
Exclusion or Suspension From a Federal or State Health Care Program
Add basis for action
Select a Basis for Action
Enter a keyword or phrase to find matching bases. (Example: "failure")
Search
Non-Compliance With Requirements
Exclusion or Suspension From a Federal or State Health Care Program
Failure to Comply With Health and Safety 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 Maintain Supplies/Missing or Inadequate Supplies
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Take Corrective Action
Financial Insolvency
Lack of Appropriately Qualified Professionals
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Operating Beyond Scope of License
Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Adverse Action Information

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

Date action was taken: 11 / 11 / 2014

Date action became effective: 11 / 11 / 2014

Length of Action:

- ○ Permanent
- ○ Indefinite/Unspecified
- ◉ Specific Period

Years: 2
Months: 6
Days:

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: $5,000.00
(Format NNNNN.NN)
Note: If no amount, leave this field blank.

Is the Action on Appeal?

- ◉ Yes
- ○ No
- ○ Unknown

Date of Appeal: 12 / 12 / 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.

Federal licensure action related to Drug Enforcement Administration registration.

There are **3919** characters remaining for the description.

Spell Check

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

There are **3919** 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: MERGE13 STAT16 TESTING (BANBURG, VA) | User: user Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

DEA/FEDERAL LICENSURE: 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:	12/08/2014

Submit to Data Bank → Store as a Draft →

the DataBank

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

http://www.npdb.hrsa.gov

FOOTCAREINC.
For authorized use by:
MERGE13 STAT16 TESTING

FOOTCAREINC.

MERGE13 STAT16 TESTING

DEA/FEDERAL LICENSURE ACTION

Date of Action: 11/11/2014

Initial Action	Basis for Initial Action
- REVOCATION OF LICENSE OR CERTIFICATE - SUSPENSION OF LICENSE OR CERTIFICATE	- EXCLUSION OR SUSPENSION FROM A FEDERAL OR STATE HEALTH CARE PROGRAM

A. REPORTING ENTITY

Entity Name:	MERGE13 STAT16 TESTING
Address:	109 GERNANY WAY
City, State, Zip:	BANBURG, VA 20175
Country:	
Name or Office:	MERGE13 STATRULE16 TESTING
Title or Department:	DEPT
Telephone:	(703) 803-1500
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:	PODIATRIC GROUP/PRACTICE (364)
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):	

C. INFORMATION REPORTED

Type of Adverse Action:	DEA/FEDERAL LICENSURE
Basis for Action:	EXCLUSION OR SUSPENSION FROM A FEDERAL OR STATE HEALTH CARE PROGRAM (40)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	ABC PROGRAM INTEGRITY
Adverse Action Classification Code(s):	REVOCATION OF LICENSE OR CERTIFICATE (3111) SUSPENSION OF LICENSE OR CERTIFICATE (3136)
Date Action Was Taken:	11/11/2014

Date Action Became Effective:	11/11/2014
Length of Action:	SPECIFIC PERIOD
Years:	2
Months:	6
Days:	
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 5,000.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)
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:	FEDERAL LICENSURE ACTION RELATED TO DRUG ENFORCEMENT ADMINISTRATION REGISTRATION.

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

Date of Appeal: 12/12/2014

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:	12/08/2014
Date of Most Recent Change:	12/08/2014

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E 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