

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Hide Public Burden Statement

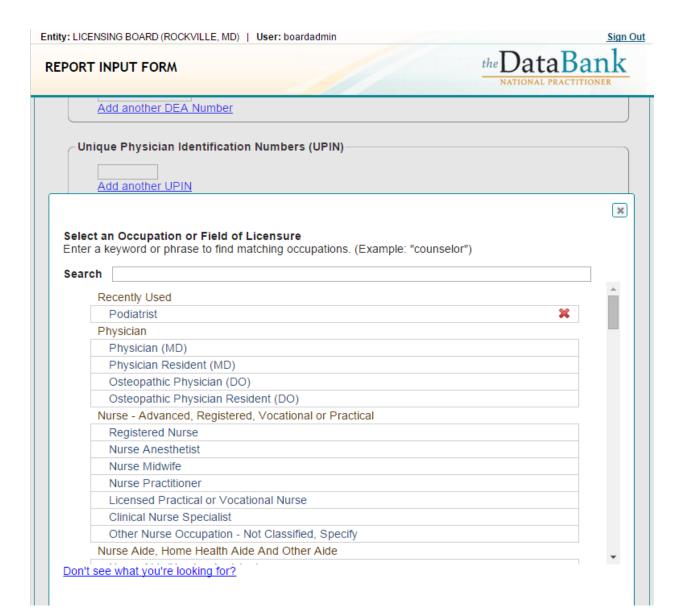
OMB # 0915-0126 expiration date 05/31/16

<u>Public Burden Statement:</u> 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 INFORMA	ATION Help ?		
	inform decisions about pract		or other registered organizations to eration for actions such as
We have pre-populated pre-populated informat		on from the most re	cent report. Please review all
Personal Information	n		
Practitioner Name			
Last Name MANN	First Name Midd	lle Name Suffix (Jr, III)
Add another name	e used		
Gender			
	e Unknown		
Birth Date			
01 / 01 / 1982			
ls Subject Decease	d?		
● No Unknow	wn © Yes		

Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign Out
REPORT INDUIT FORM	the Data Bank

	NATIONAL PRACTITIONE
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	
AM11111111	
Add another DEA Number	
Add another DEA Number	
Add another DEA Number Unique Physician Identification Numbers (UPIN)	
Unique Physician Identification Numbers (UPIN)	
Unique Physician Identification Numbers (UPIN) Add another UPIN	
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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	er Name for Occupation tional)
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 (Op	
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 State License Number	tional)
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 State License Number MD Maryland V SL56	

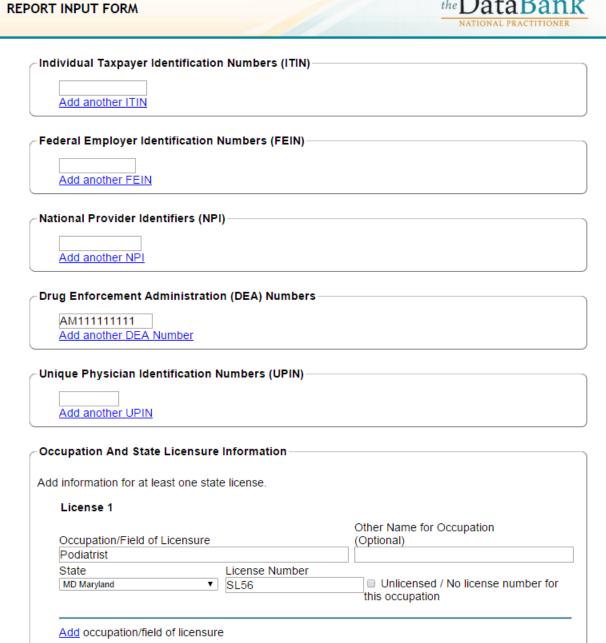


Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmir	n
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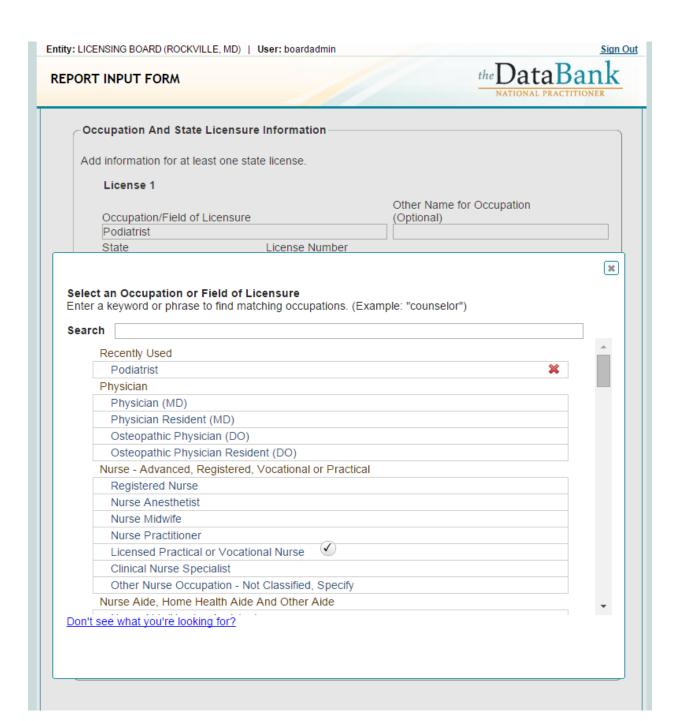
RT INPUT FORM		NATIONAL PRACTITIONER
Home Address/Addr	ess of Record	
Street Address:	ECOO Fishers I p	
Address Line 2:	5600 Fishers Ln	
City:	Rockville	
State:	MD Maryland ▼	
ZIP Code:	20852 -1750	
Country: (if U.S., leave blan		
Work Information —	actitioner's work information is the same as your o	rganization.
Organization	,	
Name:		
Type:	CHOOSE ONE FROM LIST	▼
Click Help ? for	information on filling out non-U.S. and military add	Iresses.
Street Address:	123 Cedar Lane	
Address Line 2:	, <u>25 </u>	
City:	Rockville	
State:	MD Maryland ▼	
ZIP Code:	20857 -0001	
Country: (if U.S., leave blan	k)	
Social Security Num	bers (SSN)	
*****1111	<u>Edit</u>	
Add another SSN		

Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign Out
	the Data Bank



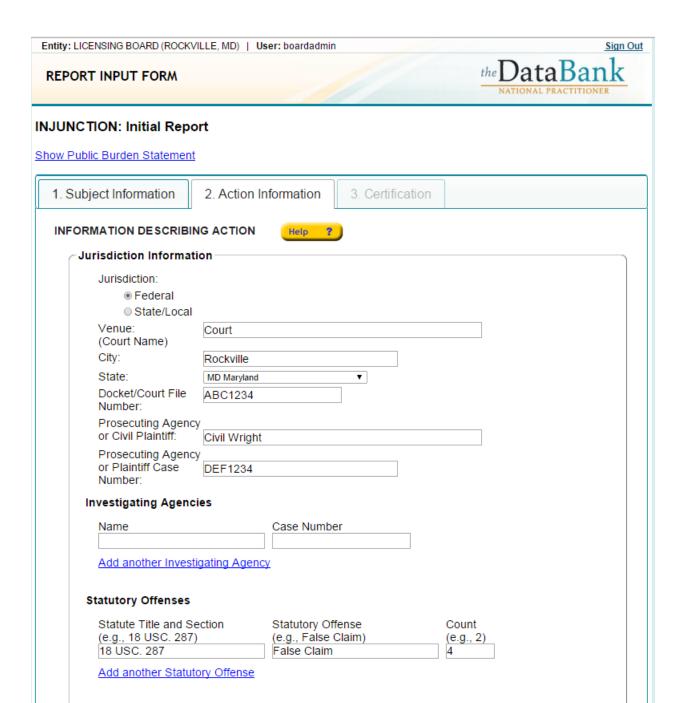
Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign Out
REPORT INPUT FORM	the DataBank

Occupation And State Licensure Information—	
Add information for at least one state license.	
License 1	
Occupation/Field of Licensure	Other Name for Occupation (Optional)
Podiatrist	()
State License Numbe	unlicensed / No license number for
MD Maryland ▼ SL56	this occupation
Add occupation/field of licensure	
Add occupation/field of ficeristic	
Professional Schools Attended	
The form will suggest schools as you type. Please c school name.	hoose the matching school or enter the complete
	Year of
School Name:	Graduation (YYYY)





reported action.	ffiliated/associated health care entity in this report does not imply complicity in the Click Help ? for information on filling out non-U.S. and military addresses.
Name of	, , , , , , , , , , , , , , , , , , ,
Affiliated/Associa	
Health Care Enti Address	ty.
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST ▼
ZIP Code:	
Country: (if U.S., leave bla	ank)
(II O.S., leave bid	ilik)
How is the subject	ct of this report related to the affiliated entity?
The subject is a	CHOOSE ONE FROM LIST ▼
Add another Affil	liate
ack this hov if you	wish to add/update this subject in your subject database for use
uture queries and/	or reports. Duplicate entries in your subject database for use
	ou will be notified of potential duplicate entries prior to
npleting this subjec	a entry.



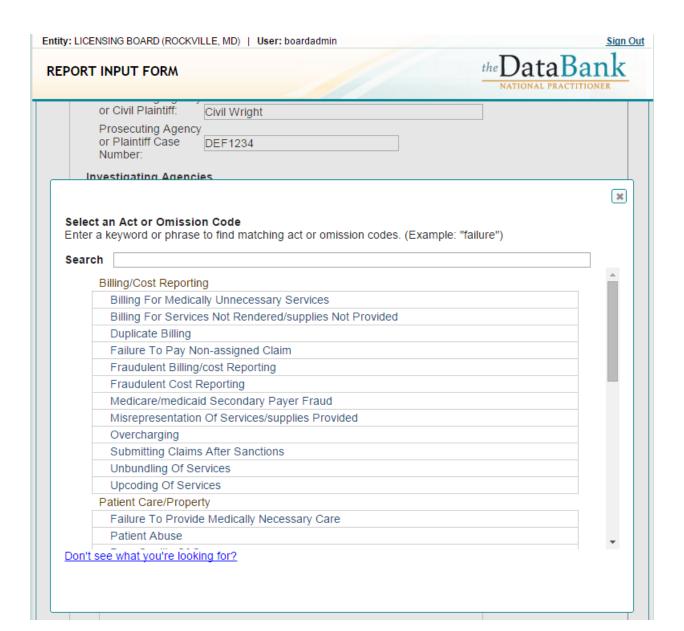
DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Show Public Burden Statement

. Subject Information	2. Action Information	3. Certification		
NFORMATION DESCRIBIN	IG ACTION Help ?			
Jurisdiction Informati	on———			
Jurisdiction:				
○ 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 Agenci	es			
Name	Case Numb	er		
Add another Investi	gating Agency			
Statutory Offenses				
Statute Title and Se	ection Statutory O	ffense	Count	
(e.g., 18 USC. 287)	(e.g., False		(e.g., 2)	
18 USC 287	False Claim		2	
Add another Statuto	ory Offense			

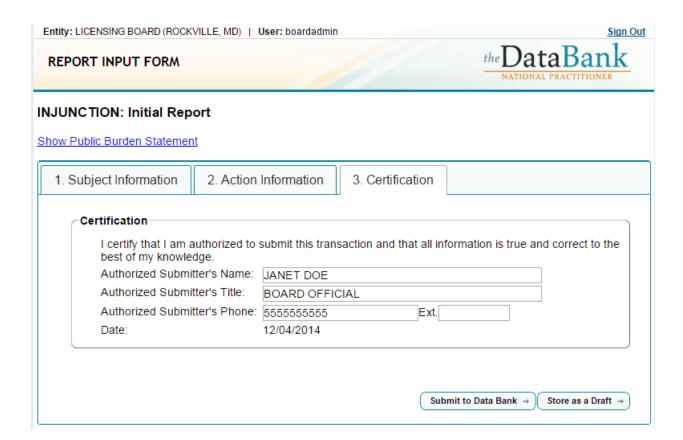


	r Act or Omissic	dulent Billing/cost Rep on Code	orang			
Note: Do no	escription of Act ot reference any of this report.	i(s) or Omission(personal identif	s) ication informat	ion (e.g., names	s) of anyone o	ther th
	•	vices to patient.				
There are 3	957 characters	remaining for the	e description.			
Spell Check						





	ation————————————————————————————————————
Date of Sentence or Judgn	ment: 02 / 14 / 2014
Is the Action on Appeal?	
○ No	
Unknown	
Date of Appeal:	12 / 01 / 2014
Restitution Amount: (Format NNNNN.NN)	\$20,000.00
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$
Incarceration:	Years Months Days
Suspended Sentence:	Years Months Days
Home Detention:	Years Months Days
Probation:	Years 1 Months Days
Community Service:	Hours
Other Court Orders: (Describe)	
More Sentence/Judgm	nent Information
help you identify this report	ence our entity to include an internal file number or other reference information to the tin your files. This information is not used by the Data Bank, but it will be report sent to queriers.
provided on copies of the research internal Report Reference: (e.g., claim number)	
Entity Internal Report Reference: (e.g., claim number)	used by the submitter to identify this transaction. This information is return
Entity Internal Report Reference: (e.g., claim number) ustomer Use This optional field may be u	used by the submitter to identify this transaction. This information is return nly appears on the response returned to your organization.
Entity Internal Report Reference: (e.g., claim number) ustomer Use This optional field may be u	





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

http://www.npdb.hrsa.gov

DCN: 5950000090960773 Process Date: 12/04/2014

Page: 1 of 3
MANN, ANITTA
For authorized use by:
LICENSING BOARD

MANN, ANITTA

LICENSING BOARD

JUDGMENT OR CONVICTION REPORT

in for british Antion

Date of Action: 02/14/2014

Initial Action

Basis for Initial Action

- INJUNCTION

- FRAUDULENT BILLING/COST REPORTING

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: ABC1234

Prosecuting Agency or Civil Plaintiff: CIVIL WRIGHT

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DCN: 5950000090960773 Process Date: 12/04/2014

Page: 2 of 3
MANN, ANITTA
For authorized use by:
LICENSING BOARD

Case	Number Used by Prosecuting Agency:	DEF1234		
	Type of Action:	INJUNCTION (50)	
	Investigating Agency(Agencies):			
Case Number(s) Use	ed by Investigating Agency(Agencies):			
	Statutory Offense(s) and Count(s):	18 USC. 287, F	ALSE CLAIM (4)	
	Act or Omission Code(s):	FRAUDULENT BIL	LING/COST REPORTIN	NG (200)
Narrativ	e Description of Act(s) or Omission(s):		PROVIDE SERVICES	TO PATIENT.
	Date of Judgment/Sentence:	02/14/2014		
	Judgment	/Sentence		
	Restitution Amount:	\$ 20,000.00		
	Other Sentence/Judgment Amount:			
	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 ha	s appealed the repo	rted adverse action.	
	Date of Appeal: 12/01/2014			
D. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has sub	mitted a statement, it ap	pears in this section.
E. REPORT STATUS	Unless a box below is checked, the s	ubject of this report i	identified in Section B ha	as not contested this report.
	This report has been disputed b At the request of the subject ide			awad by the Secretary of the
	U.S. Department of Health and reporting requirements. No dec	Human Services to d	determine its accuracy a	
	At the request of the subject ide Department of Health and Huma the Secretary reconsider the original	an Services and a de		
	At the request of the subject ide the Secretary of the U.S. Departis shown below:			
	Date of Original Submission:	12/04/2014		
	Date of Most Recent Change:	12/04/2014		
	Date of Most Rosont Onlings.	72/01/2011		

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.

the DataBank

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http://www.npdb.hrsa.gov

DCN: 5950000090960773 Process Date: 12/04/2014

Page: 3 of 3
MANN, ANITTA
For authorized use by:
LICENSING BOARD

END OF REPORT —

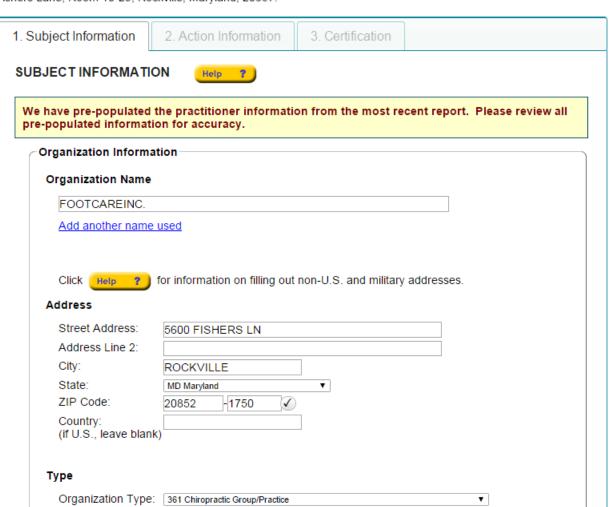


DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Hide Public Burden Statement

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

<u>Public Burden Statement:</u> 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.



	NATIONAL PRACTITION
Federal Employer Identification Numbers (FEIN)	
111111111	
Add another FEIN	
Social Security Numbers (SSN)	
Add another SSN	
Individual Taynayor Identification Numbers (ITIN)	
Individual Taxpayer Identification Numbers (ITIN)	
Add another ITIN	
ridd driediner fring	
Drug Enforcement Administration (DEA) Numbers	
Add another DEA Number	
National Provider Identifiers (NPI)	
Add another NPI	
Medicare Provider/Supplier Numbers	
Add and the Medical County in North and	
Add another Medicare Provider/Supplier Number	
Organization State Licensure Information	
organization state Literistre information	
(If no State License, check the 'No License' box.)	
State License SL89 OR No	License
	License



Pri	incipal Officers	and Owners					
	Last Name	First Name	Middle Name	Suffix	Title	1	
	MANN	ANITTA					
	Add another P	rincipal Officer or O	<u>wner</u>				
- L La	alth Care Entiti	ies With Which th	a Subject is A	ffiliated or /	\ccociated		
пе		affiliated/associate				mply complicity in	the
	reported action			•	•	military addresse	
	Name of		,	.		,	
	Affiliated/Associ	ciated FOOTCARE	INC2				
	Health Care Er	ntity:					
Α	ddress						
	Street Address	:					
	Address Line 2	:					
	City:						
	State:	CHOOSE ONE F	FROM LIST	•			
	ZIP Code:	-	(√)				
	Country:						
	(if U.S., leave b	olank)					
	How is the sub	ject of this report re	elated to the aff	iliated entity?)		
				,			
	The subject is	d Subsidiary	▼				
	Add another A	<u>ffiliate</u>					
		ı wish to add/updat d/or reports. Duplica					lelp
n di	nure queries and uplicate queries.	You will be notified	d of potential d	our subject d uplicate entri	atabase may re: es prior to	Suit	
n ai	upiicate queries.	You will be notified ect entry.	a or potential d	upiicate entri	es prior to		

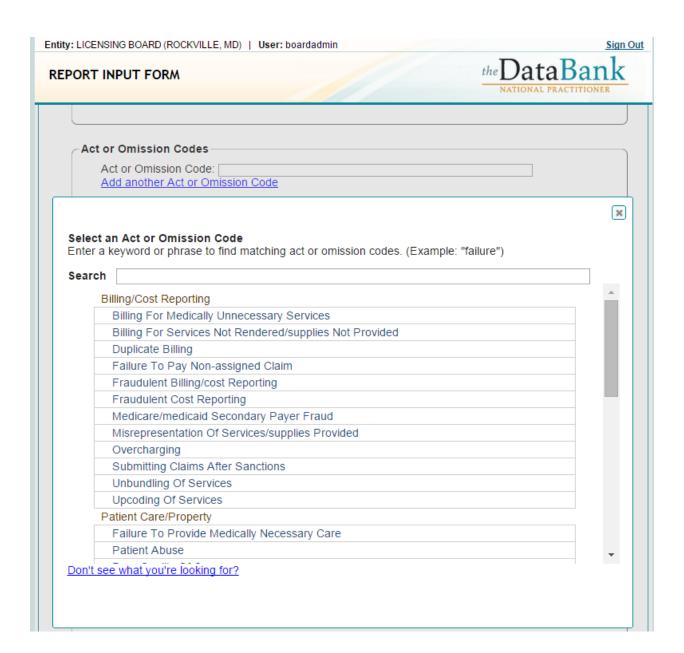
INJUNCTION: Initial Report

Show Public Burden Statement

Subject Information	2. Action Information	3. Certification		
INFORMATION DESCRIB	ING ACTION Help	?		
Jurisdiction Informa	tion			
Jurisdiction:				
FederalState/Loca	I			
Venue: (Court Name)	Federal Court			
City:	Rockville			
State:	MD Maryland	▼		
Docket/Court File Number:	XYZ123			
Prosecuting Agen or Civil Plaintiff:	cy Civil Wrights			
Prosecuting Agen or Plaintiff Case Number:	су			
Investigating Agen	cies			
Name	Case Num	ber		
Add another Inves	stigating Agency			
Statutory Offenses				
Statute Title and S (e.g., 18 USC. 287			Count (e.g., 2)	
18 USC. 287	False Clair		3	
Add another Statu	itory Offense			
	<u> </u>			

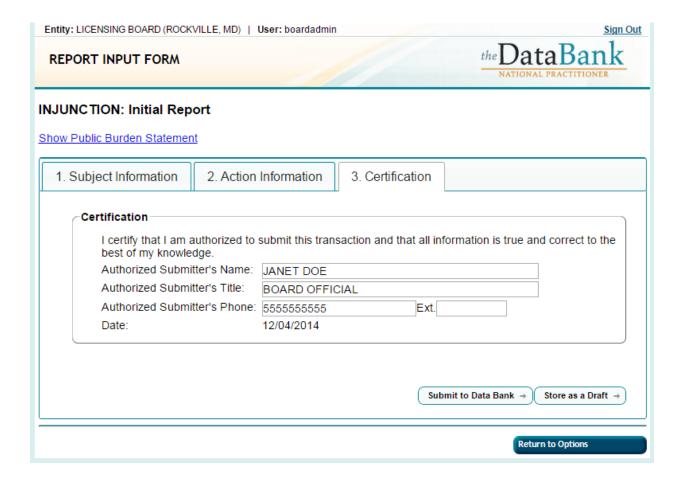


	ission Code: Fraudulent Billing/cost Reporting er Act or Omission Code	
Note: Do	Description of Act(s) or Omission(s) not reference any personal identification info	rmation (e.g., names) of anyone other tha
Doctor b	lled for services that he did not provide.	
There are	3949 characters remaining for the description	on.





	ment: 03 / 30 / 2014
Is the Action on Appeal?	
Yes	
○ No	
Unknown	
Date of Appeal:	11 / 30 / 2014
Restitution Amount: (Format NNNNN.NN)	\$ 1,000.00
Other Sentence/Judgmen	t
Amount Ordered: (Format NNNNN.NN)	\$
Suspended Sentence:	Years Months Days
Probation:	Years 2 Months Days
Community Service:	Hours
Other Court Orders: (Describe)	
	ment Information
(Describe) More Sentence/Judge ity Internal Report Refer This optional field allows y	rence your entity to include an internal file number or other reference information rt in your files. This information is not used by the Data Bank, but it will be





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

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DCN: 5950000090960774 Process Date: 12/04/2014

Page: 1 of 2 FOOTCAREINC. For authorized use by: LICENSING BOARD

FOOTCAREINC.

LICENSING BOARD

JUDGMENT OR CONVICTION REPORT

Date of Action: 03/30/2014

Initial Action

Basis for Initial Action

- INJUNCTION

- FRAUDULENT BILLING/COST REPORTING

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

Organization Name: FOOTCAREINC.

IDENTIFICATION INFORMATION (ORGANIZATION)

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):

Other Organization Name(s) Used:

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:

dress of Affiliate:

Nature of Relationship(s): SUBJECT IS SUBSIDIARY OF AFFILIATE OR ASSOCIATE (600)

C. INFORMATION REPORTED

Venue (Court): FEDERAL COURT

Jurisdiction: FEDERAL COURT

City, State of Court: ROCKVILLE, MD

Docket/Court File Number: XYZ123

Prosecuting Agency or Civil Plaintiff: CIVIL WRIGHTS

Case Number Used by Prosecuting Agency:

Type of Action: INJUNCTION (50)

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): FRAUDULENT BILLING/COST REPORTING (200)



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http://www.npdb.hrsa.gov

DCN: 5950000090960774 Process Date: 12/04/2014

Page: 2 of 2 FOOTCAREINC. For authorized use by: LICENSING BOARD

Narrative Description of Act(s) or Omission(s): DOCTOR BILLED FOR SERVICES THAT HE DID NOT PROVIDE. Date of Judgment/Sentence: 03/30/2014 Judgment/Sentence Restitution Amount: \$ 1,000.00 Other Sentence/Judgment Amount: Suspended Sentence: Years: Months: Days: Probation: Years: 2 Months: Days: Community Service: Hours: Other: Subject identified in Section B has appealed the reported adverse action. Date of Appeal: 11/30/2014 D. SUBJECT If the subject identified in Section B of this report has submitted a statement, it appears in this section. **STATEMENT 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 —