

Entity: TEST ENTITY (FAIRFAX, VA) | User: testuser001 Sign Out NATIONAL PRACTITIONER DATA BANK CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL): Initial Report Public burden statement Subject Information Please fill out as much information as possible to help entities find your report when they query. Personal Information **First Name** Middle Name **Last Name** Suffix (Jr, III) Last Name First Name Middle Name Suffix + Additional name (e.g. maiden name) Gender O Male O Female O Unknown Birthdate MM-DD-YYYY Is this person deceased? ○ No ○ Yes ○ Unknown Date of Death MM-DD-YYYY Home Address/Address of Record Country United States Address Entering a military address? Address Address Line 2 Apt, Floor, Room, Suite, etc. (Optional) City State City ZIP ZIP + Additional address Work Information Use our information as the practitoner's work information. Organization Name Organization Name Organization Type Other Type - Not Classified, Specify Organization Description Organization Description Country United States Address Entering a military address? Address Address Line 2 Apt, Floor, Room, Suite, etc. (Optional) City State City V ZIP ZIP Profession and Licensure License 1 Profession or Field of Licensure Specialty Select One Does the subject have a license for the selected profession or field of licensure? O No / Not sure Yes License Number State CHOOSE ONE FROM LIST + Additional license Identification Numbers SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number) SSN or ITIN + Additional SSN or ITIN NPI (National Provider Identifier) To help queriers find your report, add the practitioner's NPI number if you know it. NPI + Additional NPI DEA (Drug Enforcement Agency) Number DEA + Additional DEA ☑ Does the subject have an FEIN or UPIN identification number? FEIN (Federal Employer Identification Number) FEIN + Additional FEIN UPIN (Unique Physician Identification Numbers) UPIN + Additional UPIN Health Care Entity Affiliation ✓ Is the practitioner affiliated with a health care entity? Type of Affiliation

Select One

Entity Name

~

State

~

Save and finish later

Country

Entity Name

Address

City

City

Address Line 2

+ Additional affiliate

United States

Address Entering a military address?

ZIP 🕡

Apt, Floor, Room, Suite, etc. (Optional)

- - -

Action Information

What is a subject database?

Action Information
 Certifier Information

☐ Add this subject to my subject database

Return to Options

Continue to next step

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

Sign Out

NATIONAL PRACTITIONER DATA BANK

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL): Initial Report

Public burden statement Subject Information # Edit 2. Action Information Adverse Action Information Jurisdiction ○ Federal ○ State/Local Venue (Court Name) Venue City State V City Docket or Court File Number Docket **Prosecuting Agency or Civil Plaintiff** Case Number Case Number Prosecuting Agency or Civil Plaintiff Name of Investigating Agency Case Number Investigating Agency Case Number + Additional investigating agency Counts Statute Title and Section Statutory Offense Statute Title and Section Statutory Offense + Additional statutory offense Act or Omission Information Act or Omission Other Act/Omission Not Classified, (Specify) Description Description + Additional act or omission Describe the subject's acts or omissions and reason the action was taken Do not include any personally identifying information, such as names, for anyone other than this practitioner. Your narrative description helps querying organizations understand more about the action and why it was taken. 4000 characters remaining Sentence / Judgment Information Date of Sentence or Judgment MM-DD-YYYY Is the action on appeal? Yes ○ No ○ Unknown **Date of Appeal** MM-DD-YYYY Amount of Restitution Other Amount Ordered \$ 0000.00 \$ 0000.00 Sentence or Judgment Months Years Days ~ 0 Incarceration + Additional sentence or judgment Other Court Orders Optional Reference Numbers **Entity Report Reference** Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers. Entity Report Reference Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization. **Customer Use**

Save and finish later

Continue to next step

Select an Act or Omission



Enter a keyword or phrase to find a matching act or omission. (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 Cos Reporting

Medicare/Medicaid Secondary Payer Fraud

Misrepresentation of Services/Supplies Provided

Overcharging

Submitting Claims After Sanctions

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL): Initial Report



Public burden statement

1. Subject Information

2. Action Information

Review your entries to be sure they are correct before you Submit to the NPDB.

Subject Information

Certifier Information

Name: John Jones

Gender: Male

DOB: 01-01-1960

Practitioner Deceased: No

Home Address: 555 Cabin Rd

Chantilly, VA 20111

Work Address: None/NA

Profession/Field of Licensure: Physician (MD)

Specialty: General Surgery
License Info: 111111 (VA)
SSN/ITIN: 55555555

NPI: None/NA
DEA: None/NA
FEIN: None/NA
UPIN: None/NA

Health Care Entity Affiliation: None/NA

Action Information

Jurisdiction: State/Local Venue: Court Name

City, State: Testcity, ST

Docket / Court File Number: 111111
Prosecuting Agency or Civil Plaintiff: Test Agency

Case: 12345

Investigating Agency: None/NA
Statute Title and Section: 123C.a
Statutory Offense: False Claim

Counts: 2

Act(s) or Omission(s): - Billing for medically unnecessary services

Patient abuse

Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean

laoreet. Proin gravida dolor sit amet lacus accumsan et viverra sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra

orci. sed rhoncus sapien nunc eget.

Date of Sentence or Judgment: 05-20-2017

Action is on Appeal: No

Amount of Restitution: \$10,000.00
Other Amount Ordered: None/NA

Sentence or Judgment: Suspended Sentence, 30 Days

Other Court Orders: None/NA

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.

Your Name

TEST USER

Title

ADMIN

Extension (optional)

0005551111

Phone

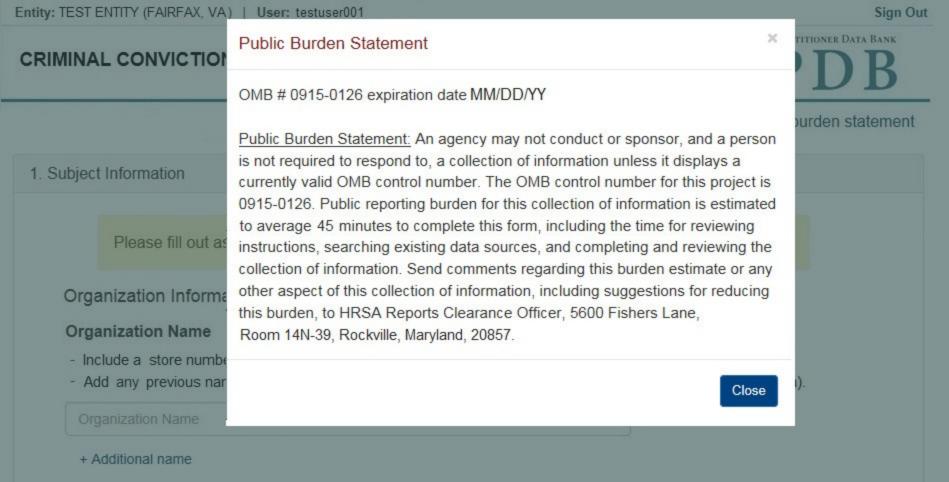
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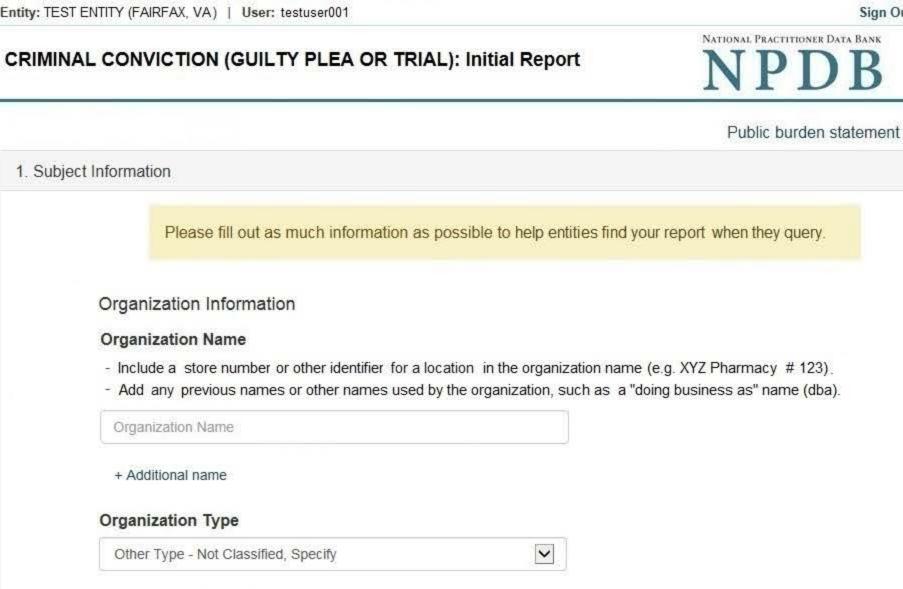
WARNING:

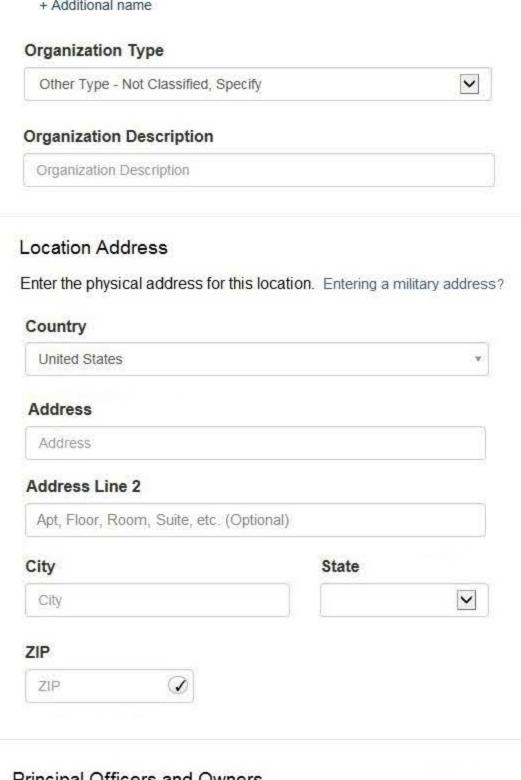
Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

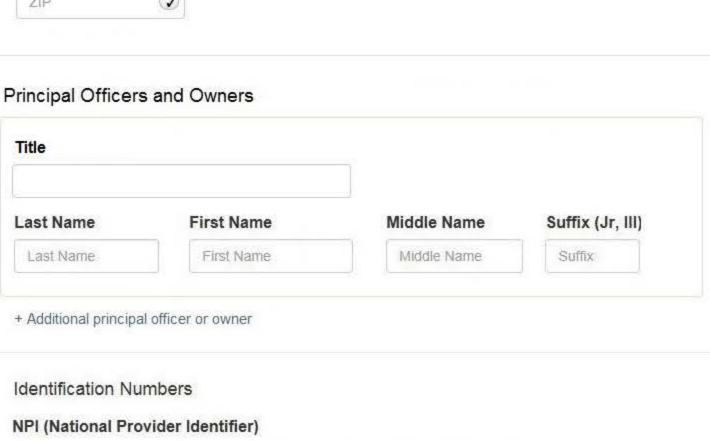
Save and finish later

Submit to the NPDB











To help queriers find your report, add the organization's NPI number if you know it.

FEIN (Federal Employer Identification Number)

DEA (Drug Enforcement Agency) Number

MPN/MSN (Medicare Provider/Supplier Number)

FDA (Federal Food and Drug Administration)

CLIA (Clinical Laboratory Improvement Act)

NPI

FEIN

DEA

FDA

CLIA

+ Additional FDA

Yes

License Number

+ Additional license

Type of Affiliation

+ Additional DEA

+ Additional NPI



☑ Does the subject have a FDA or CLIA identification number?

```
+ Additional CLIA
Organization State Licensure Information
  License 1
  Does the organization have a license?
```

State

Health Care Entity Affiliation

What is a subject database?

O No / Not sure

Select One	Y

☑ Is the organization affiliated with a health care entity?

Country	
United States	
Address	
Address	
Address Line 2	
Apt, Floor, Room, Suite, etc. (Opt	ional)
	State
City	
City	
City City ZIP	

Return to Options

~

3. Certifier Information

Sign Out

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL): Initial Report



NIDD

Public burden statement

ction Information		
Adverse Action Information		
Jurisdiction		
O Federal O State/Local		
Venue (Court Name)		
Venue		
venue		
City	State	
City		
Docket or Court File Number		
Docket		
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Prosecuting Agency or Civil Plaintiff	Case Number	
Prosecuting Agency or Civil Plaintiff	Case Number	
Name of Investigating Agency	Case Number	
Investigating Agency	Case Number	
+ Additional investigating agency		
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+ Additional statutory offense		
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Return to Options

Select an Act or Omission



Enter a keyword or phrase to find a matching act or omission. (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 Cos Reporting

Medicare/Medicaid Secondary Payer Fraud

Misrepresentation of Services/Supplies Provided

Overcharging

Submitting Claims After Sanctions

CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL): Initial Report



Public burden statement Subject Information # Edit Action Information # Edit Certifier Information Review your entries to be sure they are correct before you Submit to the NPDB. Subject Information Organization Name: XYZ Pharmacy Organization Type: Pharmacy Location Address: 555 Cabinmill Rd Richmond, VA 21000 Principal Officers and Owners: John Doe, President NPI: None/NA FEIN: 55-55555 SSN/ITIN: None/NA None/NA DEA: None/NA MPN/MSN: None/NA FDA: CLIA: None/NA License Info: 111111 (VA) Health Care Entity Affiliation: None/NA Action Information Jurisdiction: State/Local Venue: **Court Name** City, State: Testcity, ST Docket / Court File Number: 111111 Test Agency Prosecuting Agency or Civil Plaintiff: Case: 12345 Investigating Agency: None/NA Statute Title and Section: 123C.a Statutory Offense: **False Claim** Counts: - Billing for medically unnecessary services Act(s) or Omission(s): Patient abuse Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra orci. sed rhoncus sapien nunc eget. 05-20-2017 Date of Sentence or Judgment: Action is on Appeal: No \$10,000.00 Amount of Restitution: Other Amount Ordered: None/NA Sentence or Judgment: Suspended Sentence, 30 Days Other Court Orders: None/NA 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. Your Name TEST USER

Title

ADMIN

Phone

Extension (optional)

0005551111

Ext.

WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Criminal Conviction (Guilty Plea or Trial) (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that requires a description.	"Specialty" is displayed in place of "Name of Occupation" if the selected profession or field of licensure requires specialty information.
Specialty	Criminal Conviction (Guilty Plea or Trial) (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.

FEIN (Federal Employer Identification Number)	Criminal Conviction (Guilty Plea or Trial) (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed in the individual report form if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
UPIN (Unique Physician Identification Numbers)	Criminal Conviction (Guilty Plea or Trial) (1)	Below FEIN text entry	Text Entry	The field is displayed in the individual report form if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
FDA (Federal Food and Drug Administration)	Criminal Conviction (Guilty Plea or Trial) (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA, and CLIA text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Criminal Conviction (Guilty Plea or Trial) (1)	Below text entry FDA (Federal Food and Drug Administration)	Text Entry	The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA, and CLIA text entry fields.

Type of Affiliation	Criminal Conviction (Guilty Plea or Trial) (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Entity Name	Criminal Conviction (Guilty Plea or Trial) (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Country	Criminal Conviction (Guilty Plea or Trial) (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"

Address	Criminal Conviction (Guilty Plea or Trial) (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
Address Line 2	Criminal Conviction (Guilty Plea or Trial) (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
City	Criminal Conviction (Guilty Plea or Trial) (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"

State	Criminal Conviction (Guilty Plea or Trial) (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
ZIP	Criminal Conviction (Guilty Plea or Trial) (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. For organization reports, the check box label is "Is the organization affiliated with a health care entity?"
Description	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (2)	Below "Act or Omission"	Text Entry	The field is displayed if the user selects an act or omission that requires a description.	
Date of Appeal	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (2)	Below "Is the action on appeal"	Text Entry	The field is displayed if the user selects the "Yes?" radio button for "Is the action on appeal?"	

Years	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (2)	Beside Sentence of Judgment drop list	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe does not apply, then Years, Months and Days drop lists are displayed.
Months	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (2)	Beside Years	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe does not apply, then Years, Months and Days drop lists are displayed.
Days	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (2)	Beside Months	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe does not apply, then Years, Months and Days drop lists are displayed.
Hours	Criminal Conviction (Guilty Plea or Trial) (Guilty Plea or Trial) (2)	Beside Months	Drop List	This field is displayed if a time frame is applicable for the sentence the user selects.	If the user selects a sentence in which an hours timeframe applies, then an Hours drop list is displayed.

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Criminal Conviction (Guilty Plea or Trial)	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Criminal Conviction (Guilty Plea or Trial)	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Criminal Conviction (Guilty Plea or Trial)	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Criminal Conviction (Guilty Plea or Trial)	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?" For organization reports, the label is "Does the organization have a license?"
Select an Act or Omission	Criminal Conviction (Guilty Plea or Trial)	Modal	When the user sets focus on the Act or Omission text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific act or select an act from the list without searching. The modal is hidden once the user selects an act from the list. The user's selection populates the Act or Omission text entry.