

NOLO CONTENDERE (

Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 45 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

[Close](#)

1. Subject Information

Please fill out

Personal Information

Last Name

+ Additional name (r

Gender

NOLO CONTENDERE (NO CONTEST) PLEA: Initial Report

Public burden statement

1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Personal Information

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Suffix (Jr, III)

Suffix

+ Additional name (e.g. maiden name)

Gender

 Male Female 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

City

State



ZIP

ZIP



+ Additional address

Work Information

 Use our information as the practitioner'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

City

State



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?

 Yes No / Not sure

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

Entity Name

Country

United States

Address Entering a military address?

Address

Address Line 2

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

City

City

State



ZIP

ZIP



+ Additional affiliate

 Add this subject to my subject database

What is a subject database?

Save and finish later

Continue to next step

2. Action Information

3. Certifier Information

Return to Options

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

Don't see what you're looking for?

NOLO CONTENDERE (NO CONTEST) PLEA: Initial Report

Public burden statement

1. Subject Information

Edit

2. Action Information

Adverse Action Information

Jurisdiction

 Federal State/Local

Venue (Court Name)

Venue

City

City

State

Docket or Court File Number

Docket

Prosecuting Agency or Civil Plaintiff

Prosecuting Agency or Civil Plaintiff

Case Number

Case Number

Name of Investigating Agency

Investigating Agency

Case Number

Case Number

+ Additional investigating agency

Statute Title and Section

Statute Title and Section

Statutory Offense

Statutory Offense

Counts

0

+ 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

\$ 0000.00

Other Amount Ordered

\$ 0000.00

Sentence or Judgment

Years

0

Months

0

Days

0

+ 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 quierers.

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

3. Certifier Information

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

Don't see what you're looking for?

NOLO CONTENDERE (NO CONTEST) PLEA: Initial Report

Public burden statement

1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

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

Subject 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: **555555555**
 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 eae.
 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

Phone

0005551111

Extension (optional)

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

Return to Options

NOLO CONTENDERE (

Public Burden Statement ✕

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[Close](#)

1. Subject Information

Please fill out as

Organization Informa

Organization Name

- Include a store number
- Add any previous name

+ Additional name

ITIONER DATA BANK

DB

burden statement

NOLO CONTENDERE (NO CONTEST) PLEA: Initial Report

Public burden statement

1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g. XYZ Pharmacy # 123)
- Add any previous names or other names used by the organization, such as a "doing business as" name (dba).

+ Additional name

Organization Type

Organization Description

Location Address

Enter the physical address for this location.

Country

Street Address Entering a military address?

Street Address Line 2

City

State

ZIP

Principal Officers and Owners

Title

Last Name

First Name

Middle Name

Suffix (Jr, III)

+ Additional principal officer or owner

Identification Numbers

NPI (National Provider Identifier)

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

+ Additional NPI

FEIN (Federal Employer Identification Number)

+ Additional FEIN

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

+ Additional SSN or ITIN

DEA (Drug Enforcement Agency) Number

+ Additional DEA

MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

 Does the subject have a FDA or CLIA identification number?

FDA (Federal Food and Drug Administration)

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

Organization State Licensure Information

License 1

Does the organization have a license?

Yes
 No / Not sure

License Number

State

+ Additional license

Health Care Entity Affiliation

 Is the organization affiliated with a health care entity?

Type of Affiliation

Description

Entity Name

Street Address Entering a military address?

Street Address Line 2

City

State

ZIP

+ Additional affiliate

 Add this subject to my subject database

[What is a subject database?](#)

Save and finish later

Continue to next step

2. Action Information

3. Certifier Information

Return to Options

NOLO CONTENDERE (NO CONTEST) PLEA: Initial Report

Public burden statement

1. Subject Information

Edit

2. Action Information

Adverse Action Information

Jurisdiction

 Federal State/Local

Venue (Court Name)

Venue

City

City

State

Docket or Court File Number

Docket

Prosecuting Agency or Civil Plaintiff

Prosecuting Agency or Civil Plaintiff

Case Number

Case Number

Name of Investigating Agency

Investigating Agency

Case Number

Case Number

+ Additional investigating agency

Statute Title and Section

Statute Title and Section

Statutory Offense

Statutory Offense

Counts

0

+ 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.

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

\$ 0000.00

Other Amount Ordered

\$ 0000.00

Sentence or Judgment

Years

0

Months

0

Days

0

+ 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

3. Certifier Information

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

Don't see what you're looking for?

NOLO CONTENDERE (NO CONTEST) PLEA: Initial Report

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

1. Subject Information

Edit

2. Action Information

Edit

3. 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: **55-555555**
 SSN/ITIN: *None/NA*
 DEA: *None/NA*
 MPN/MSN: *None/NA*
 FDA: *None/NA*
 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**
 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 eaet.

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: **Community Service, 100 Hours**
 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

0005551111

Extension (optional)

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

Return to Options

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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)	Nolo Contendere (no contest) plea (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)	Nolo Contendere (no contest) plea (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)	Nolo Contendere (no contest) plea (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, and text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Nolo Contendere (no contest) plea (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, and text entry fields.

Type of Affiliation	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea (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	Nolo Contendere (no contest) plea	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Nolo Contendere (no contest) plea	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	Nolo Contendere (no contest) plea	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Nolo Contendere (no contest) plea	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	Nolo Contendere (no contest) plea	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.