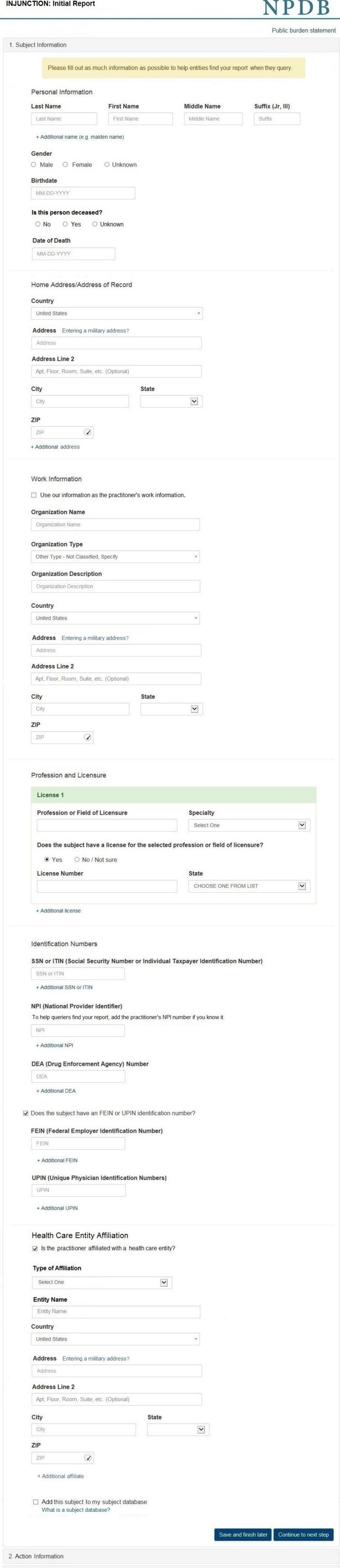


NATIONAL PRACTITIONER DATA BANK



3. Certifier Information

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

INJUNCTION: Initial Report



Public burden statement

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Advance Astion Information	
Adverse Action Information	
Jurisdiction ○ Federal ○ State/Local	
Venue (Court Name)	
Venue	
City State	
City	
Docket or Court File Number Docket	
Docket	
Prosecuting Agency or Civil Plaintiff	Case Number
Prosecuting Agency or Civil Plaintiff	Case Number
lame of Investigating Agency	Case Number
Investigating Agency	Case Number
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ct or Omission	
Other Act/Omission Not Classified, (Specify)	
Description	
Description	
+ Additional act or omission	
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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

INJUNCTION: Initial Report



Public burden statement

Subject Information

Æ Edit

2. Action Information

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

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Date of Sentence or Judgment: 05-20-2017

Other Court Orders:

Action is on Appeal: No

Amount of Restitution: \$10,000.00

Other Amount Ordered: None/NA

Sentence or Judgment: Suspended Sentence, 30 Days

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

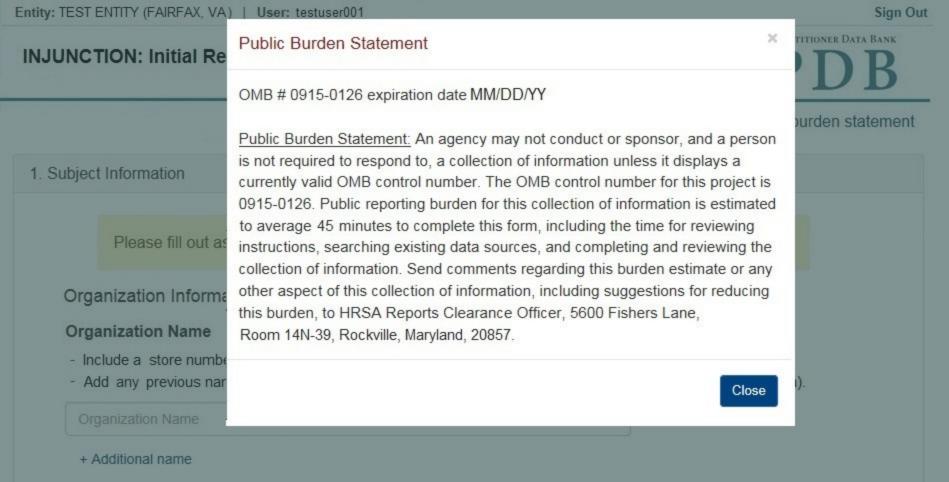
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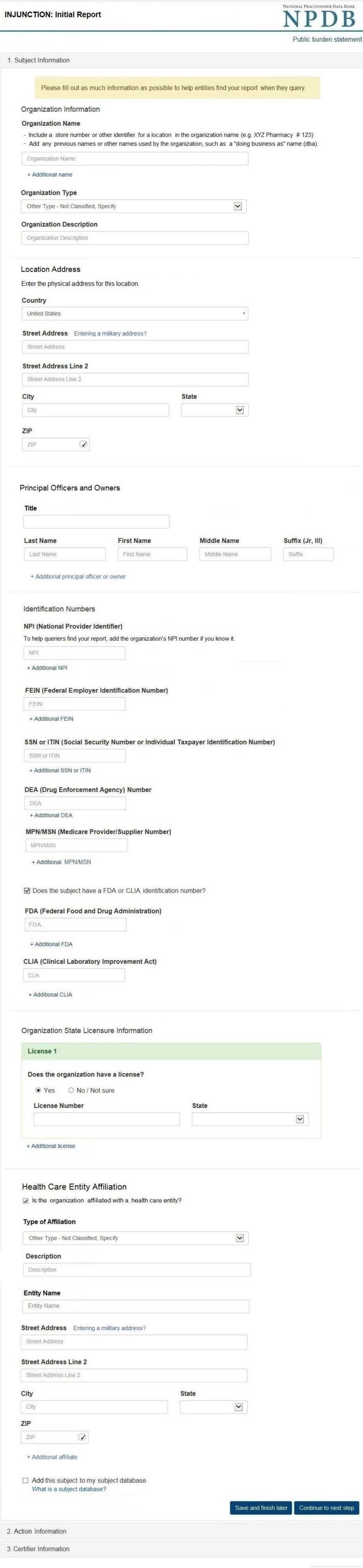
WARNING:

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





NATIONAL PRACTITIONER DATA BANK **INJUNCTION: Initial Report**

Public burden statement

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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

INJUNCTION: Initial Report



Public burden statement

Edit Subject Information 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 None/NA SSN/ITIN: DEA: None/NA MPN/MSN: None/NA None/NA FDA: None/NA CLIA: 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: 12345 Case: Investigating Agency: None/NA Statute Title and Section: 123C.a Statutory Offense: **False Claim** Counts: 2 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. Date of Sentence or Judgment: 05-20-2017 Action is on Appeal: No \$10,000.00 Amount of Restitution: Other Amount Ordered: None/NA Community Service, 100 Hours Sentence or Judgment: 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	Injunction (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	Injunction (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Injunction (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	Injunction (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)	Injunction (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)	Injunction (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)	Injunction (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)	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction (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	Injunction	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Injunction	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	Injunction	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Injunction	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	Injunction	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.