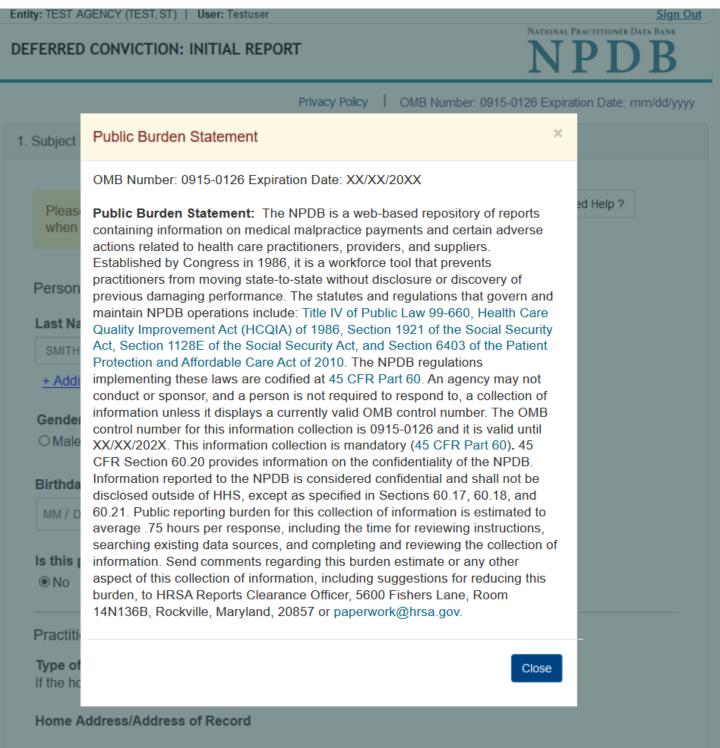
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ZIP	ZIP + Additional Affiliate	City	
	+ Additional Affiliate		
	+ Additional Affiliate	ZIP	
	□ Add this subject to my subject database	+ Additional Affiliate	

2. Action Information

3. Certifier Information

Continue

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What type of license are you reporting?

Search

Recently Used
Occupational Therapist

Behavioral Health Occupations

Other Rehavioral Health Occu

Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST Psychologist/Psychological Assistant

Psychologist

Psychologist - CERTIFIED

Rehabilitative, Respiratory and Restorative Service Practitioner

Occupational Therapist
Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

Health Care Facility Administrator

Health Care Facility Administrator

Health Care Facility Administrator

Report a different license

3. Certifier Information

Continue

Return to Options

Select an Act or Omission Code

Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")

Search	
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 Cost Reporting

Medicare/medicaid Secondary Payer Fraud

Misrepresentation Of Services/supplies Provided

Overcharging

Submitting Claims After Sanctions

Unbundling Of Services

Upcoding Of Services

Patient Care/Property

Failure To Provide Medically Necessary Care

Don't see what you're looking for?

DEFERRED CONVICTION: INITIAL REPORT

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

1. Subject Information

Edit

2. Action Information

Edit

Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information Edit

Subject Name: SMITH, JOHN Other Name(s) Used: None/NA

UNKNOWN Gender:

Date of Birth: 01/01/1960

Organization Name: None/NA Work Address: None/NA

City, State, ZIP: None/NA

Home Address: 55 TEST ST City, State, ZIP: TEST CITY, ST 11111

None/NA

Deceased: UNKNOWN

None/NA Federal Employer Identification Numbers (FEIN): ***-**-6778 Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN): None/NA National Provider Identifiers (NPI): None/NA

Organization Type:

OCCUPATIONAL THERAPIST Occupation/Field of Licensure: State License Number, State of Licensure: 11111, ST

Drug Enforcement Administration (DEA) Numbers: None/NA Unique Physician Identification Numbers (UPIN): None/NA

Name(s) of Health Care Entity (Entities) With Which

Subject Is Affiliated or Associated (Inclusion Does

Not Imply Complicity in the Reported Action): None/NA Business Address of Affiliate: None/NA

> City, State, ZIP: TEST CITY, ST, 11111

Nature of Relationship(s): None/NA

Action Information Edit

Venue (Court): STATE COURT

STATE/LOCAL COURT Jurisdiction: City, State of Court: TEST CITY, ST

Docket/Court File Number: 11111

Case Number Used by Prosecuting Agency: None/NA

Type of Action: CIVIL JUDGMENT (40)

Case Number(s) Used by Investigating

Investigating Agency (Agencies):

Prosecuting Agency or Civil Plaintiff:

Agency (Agencies): None/NA Statutory Offense(s) and Count(s): None/NA

Act or Omission Code(s): OTHER ACT/OMISSION NOT CLASSIFIED,

None/NA

(SPECIFY) (999)

STATE AGENCY

OTHER DESCRIPTION Other Description: Test narrative

Narrative Description of Act(s) or Omission(s): Date of Judgment/Sentence: 02/01/2020

Judgment/Sentence

Amount of Restitution: None/NA

Other Amount Ordered: None/NA Incarceration:

Suspended Sentence: Years: Months: Days:

Years:

Years: 1

Months:

Months:

Days:

Days:

Home Detention: Months: Years: Days:

Community Service: Hours:

Probation:

Other: None/NA Is the action on appeal?: UNKNOWN

Certification

TEST

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

TEST

Authorized Submitter's Title

Authorized Submitter's Phone 777777777

WARNING:

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

Ext.

DEFERRED CONVICTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

1. Subject

Public Burden Statement

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Pleas

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

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Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .75 hours per response, 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

14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

:y #123). ime (DBA).

Close

United States

Entity: TEST AGENCY (TEST, ST) | User: Testuser Sign Out DEFERRED CONVICTION: INITIAL REPORT Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy Subject Information Need Help? 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). TEST ENTITY + Additional name Organization Type 999 Other Type - Not Classified, Specify Organization Description Location Address Enter the physical address for this location. Country United States Address Entering a military address? Address Line 2 City State CHOOSE ONE FROM LIST ZIP V 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 Administration) Number + Additional DEA MPN/MSN (Medicare Provider/Supplier Number) + Additional MPN/MSN Organization State Licensure Information License 1 Does the organization have a license? Yes No/Not sure License Number State CHOOSE ONE FROM LIST + Additional license Health Care Entity Affiliation ☑ Is the organization affiliated with a health care entity? Type of Affiliation CHOOSE ONE FROM LIST **Entity Name** Country United States Address Entering a military address? Address Line 2 State City CHOOSE ONE FROM LIST ZIP + Additional Affiliate ☐ Add this subject to my subject database What is a subject database? Save and finish later Continue 2. Action Information 3. Certifier Information

Return to Options

Entity: TEST AGENCY (TEST, ST) | User: Testuser Sign Out DEFERRED CONVICTION: INITIAL REPORT Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy Subject Information Edit Action Information Adverse Action Information Jurisdiction O Federal O State/Local Venue (Court Name) City State CHOOSE ONE FROM LIST Docket or Court File Number Prosecuting Agency or Civil Plaintiff Case Number Case Number Name of Investigating Agency + Additional investigating agency Statute Title and Section Statutory Offense Counts + Additional statutory offense Act or Omission Information Act or Omission Other Act/omission Not Classified, (specify) Description + Additional act or omission Describe the subject's acts or omissions and reason the action was taken. Do not include any personally identifiable information, such as names. Your narrative description helps querying organizations understand more about the action and why it was taken. There are 4000 characters remaining for the description. Spell Check Sentence/Judgment Information Date of Sentence or Judgment MM / DD / YYYY Is the action on appeal? Date of Appeal MM / DD / YYYY Amount of Restitution Other Amount Ordered 00000.00 00.0000 Sentence or Judgment Years Months Days Other Court Orders + Additional sentence or judgment

Optional Reference Numbers

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

Select an Act or Omission Code

Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")

Search	
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 Cost Reporting

Medicare/medicaid Secondary Payer Fraud

Misrepresentation Of Services/supplies Provided

Overcharging

Submitting Claims After Sanctions

Unbundling Of Services

Upcoding Of Services

Patient Care/Property

Failure To Provide Medically Necessary Care

Don't see what you're looking for?

DEFERRED CONVICTION: INITIAL REPORT

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Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Subject Information

Edit

2. Action Information

Æ Edit

Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information Edit

Organization Name: TEST ENTITY

Other Organization Name(s) Used: None/NA

Business Address: 55 TEST DR

City, State, ZIP: TEST CITY, ST 11111

Organization Type: HOME HEALTH AGENCY/ORGANIZATION (393)

Names and Titles of Principal Officers and Owners

Federal Employer Identification Numbers (FEIN):

(POO): LAST, FIRST (TEST) s (FEIN): None/NA

Social Security Numbers (SSN): ***-**-6666

Individual Taxpayer Identification Numbers (ITIN): None/NA

State License Number, State of Licensure: 1111, ST

Drug Enforcement Administration (DEA) Numbers: None/NA

National Provider Identifiers (NPI): None/NA

Medicare Provider/Supplier Numbers: None/NA

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does

Not Imply Complicity in the Reported Action): None/NA
Business Address of Affiliate: None/NA

City, State, ZIP: TEST CITY, ST

Nature of Relationship(s): None/NA

Action Information Edit

Venue (Court): TEST COURT

Jurisdiction: STATE/LOCAL COURT

City, State of Court: TEST CITY, ST

Docket/Court File Number: 11111

Prosecuting Agency or Civil Plaintiff: TEST AGENCY

Case Number Used by Prosecuting Agency: None/NA

Type of Action: CIVIL JUDGMENT (40)

Investigating Agency (Agencies): None/NA
Case Number(s) Used by Investigating

Agency (Agencies): None/NA

Statutory Offense(s) and Count(s): None/NA

Act or Omission Code(s): BILLING FOR MEDICALLY UNNECESSARY

SERVICES (310)

Narrative Description of Act(s) or Omission(s): Test narrative

Date of Judgment/Sentence: 02/01/2020

Judgment/Sentence

Amount of Restitution: None/NA
Other Amount Ordered: None/NA

Suspended Sentence: Years: 1 Months: Days:

Probation: Years: Months: Days:

Community Service: Hours:

Other: None/NA

Is the action on appeal?: UNKNOWN

Certification

777777777

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

TEST

Authorized Submitter's Title

TEST

Authorized Submitter's Phone Ext.

WARNING:

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Bank (NPDB) may be subject to a fine and imprisonment under federal statute.

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Deferred Conviction or Pre-Trial Diversion (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 "Description" if the selected profession or field of licensure requires specialty information.
Description	Deferred Conviction or Pre-Trial Diversion (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.	"Description" 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)	Deferred Conviction or Pre-Trial Diversion (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
UPIN (Unique Physician Identification Numbers)	Deferred Conviction or Pre-Trial Diversion (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)	Deferred Conviction or Pre-Trial Diversion (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)	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Entity Name	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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?"

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address Line 2	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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?"

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
State	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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?"	

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Years	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Deferred Conviction or Pre- Trial Diversion	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Profession or Field of Licensure	Deferred Conviction or Pre- Trial Diversion	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.
Other Name for Occupation	Deferred Conviction or Pre- Trial Diversion	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Deferred Conviction or Pre- Trial Diversion	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	Deferred Conviction or Pre- Trial Diversion	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.