

ADVERSE ACTION REPORT

ACCREDITATION ACTION

Report Number: 7940000061139072

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

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A. REPORTING ENTITY

Entity Name: TEST REPORTER
Address: 123 REPORTING AVE.
City, State, Zip: WASHINGTON, DC 11111
Country:
Name of Office: REPORTING CONTACT
Title or Department: REPORTING CONTACT TITLE
Telephone: (123) 456-7890
Entity Internal Report Reference:
Customer Use: SAMPLEFILE
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: MEDICAL ASSOCIATES INC.
Other Organization Name(s) Used:
Business Address: SAMPLE AVENUE
City, State, ZIP: BRIDGEPORT, CT 22222
Organization Type: MEDICAL GROUP/PRACTICE (365)
Names and Titles of Principal Officers and Owners (POO): DOE, JOHN M (CHIEF OF STAFF)
Federal Employer Identification Numbers (FEIN): 123456789
987654321
Social Security Numbers (SSN):
State License Number, State of Licensure: 123456789A, CT
123456789B, CT
Drug Enforcement Administration (DEA) Numbers:
Clinical Laboratory Act (CLIA) Numbers:
Food and Drug Administration (FDA) Numbers:
National Provider Identifiers (NPI): 4444444444
Medicare Provider/Supplier Numbers: 10000100001
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): SAMPLE HOSPITAL
Business Address of Affiliate: SAMPLE COURT
City, State, ZIP: RESTON, VA 11111
Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

C. INFORMATION REPORTED

Type of Adverse Action: ACCREDITATION
Basis for Action: NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF HEALTH CARE SERVICES (92)
Name of Agency or Program That Took the Adverse Action Specified in This Report: ACCREDITATION AGENCY
Adverse Action Classification Code(s): ACCREDITATION TERMINATED (3850)

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**

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

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7940000061139072
Process Date: 05/18/2010
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MEDICAL ASSOCIATES INC.
For authorized use by:
TEST REPORTER

Date Action Was Taken: 10/01/2009

Date Action Became Effective: 10/01/2009

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,
Assessment and/or Restitution: \$ 5,000.00

Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: PRESENTED RISK TO PATIENTS DUE TO NON-COMPLIANCE OF
OPERATING PROCEDURES/PROCESSES.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, 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.
- If box is checked, 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: 05/18/2010

Date of Most Recent Change: 05/18/2010

END OF REPORT