

JUDGMENT OR CONVICTION REPORT

Report Number: 7940000061139065

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: SAMPLE ORG
Other Organization Name(s) Used:
Business Address: 100 HOME ST.
City, State, ZIP: CITY, VA 12345
Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)

Names and Titles of Principal Officers and Owners (POO):

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-9999

Individual Taxpayer Identification Numbers (ITIN):

State License Number, State of Licensure: 2211467988874655, VA

Drug Enforcement Administration (DEA) Numbers: 999999999999

National Provider Identifiers (NPI):

Medicare Provider/Supplier Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

SAMPLE

Business Address of Affiliate: 100 HOME ST.

City, State, ZIP: CITY, VA 12345

Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

C. INFORMATION REPORTED

Venue (Court): COURT

Jurisdiction: FEDERAL COURT

City, State of Court: CITY, AL

Docket/Court File Number: 515454564354654

Prosecuting Agency or Civil Plaintiff: AGENCY

Case Number Used by Prosecuting Agency: 548

Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)

Investigating Agency(Agencies):

Case Number(s) Used by Investigating Agency(Agencies):

Statutory Offense(s) and Count(s): 7, 7 (7)

Act or Omission Code(s): FRAUDULENT BILLING/COST REPORTING (200)

Narrative Description of Act(s) or Omission(s): NAMES

Date of Judgment/Sentence: 02/02/2002

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

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

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

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SAMPLE ORG
For authorized use by:
TEST REPORTER

Judgment/Sentence

Restitution Amount: \$ 456.32

Other Sentence/Judgment Amount:

Suspended Sentence: Years: 6 Months: 6 Days: 6

Probation: Years: Months: Days:

Community Service: Hours:

Other:

Subject identified in Section B has appealed the reported adverse action.

**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