

INJUNCTION

Individual Subject: Initial Report

Please provide as much of the following information as possible. Failure to provide sufficient information to permit identification of a single subject will result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0239 expiration date 05/31/14

<u>Public Burden Statement:</u> 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 0915-0239 (HIPDB). Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, 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 14-22, Rockville, Maryland, 20857.

PRACTITIONER INFORMATION



We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

Practitioner Nam Last Name SMITH	First Name JOHN	Middle Name	Suffix (Jr, III)	
Add another na	me used		,	
Gender				
Male	nale © Unknown			
Male ○ Fem	nale © Unknown			
Birth Date (MMD				
Birth Date (MMD				
Birth Date (MMD				
Birth Date (MMD	DYYYY)			
Birth Date (MMD 05051950	DYYYY)			

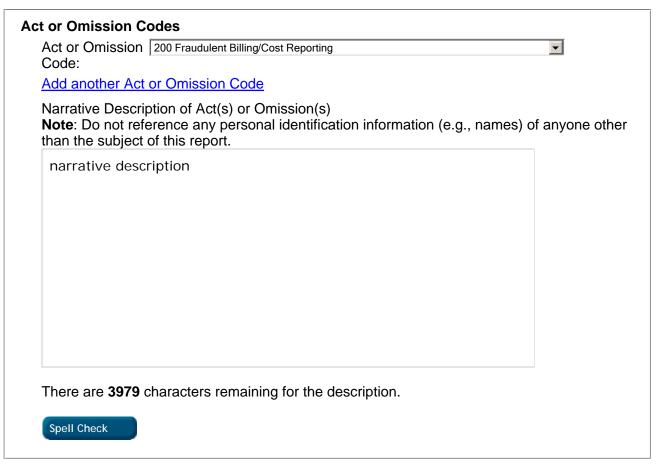
Home Address/Addr	ess of Record
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	-
Country: (if U.S., leave blan	k)
Work Information ☐ Check here if the pra	actitioner's work information is the same as your organization.
Organization	
Name:	GENERAL HOSPITAL
Type:	301 General/Acute Care Hospital
Click Help ? for Address	information on filling out non-U.S. and military addresses.
Street Address:	123 FAKE STREET
Address Line 2:	
City:	FAIRFAX
State:	VA Virginia
ZIP Code:	22030 -
Country: (if U.S., leave blan	k)
Social Security Num *****2333 Add another SSN	bers (SSN) <u>Edit</u>
Individual Taxpayer Add another ITIN	Identification Numbers (ITIN)

Federal Employer Identification Numbers (FEIN)
Add another FEIN
National Provider Identifiers (NPI)
Add another NPI
Drug Enforcement Administration (DEA) Numbers
Add another DEA Number
Unique Physician Identification Numbers (UPIN)
Add another UPIN
Occupation And State Licensure Information (Provide at least one license. Check 'No License' if the subject does not have a State License Number. Use the Add Additional License/Occupation button to provide more than one license. Up to 60 licenses may be provided.)
1. State License
State of Licensure: AL Alabama
Occupation/Field of
Licensure: Physician (MD)
Specialty: Aerospace Medicine
Add Additional License/Occupation
- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Health Care Entities With Which the Subject is Affiliated or Associated Inclusion of an affiliated/associated health care entity in this report does not imply complicity in
the reported action. Click Help 7 for information on filling out non-U.S. and military
addresses.
Name of Affiliated/Associated Health Care Entity:
Address
Street Address:

Address Line 2:			
City:			
State:	CHOOSE ONE FROM LIST	▼	
ZIP Code:	-		
Country: (if U.S., leave blank			
Nature of Subject's			
Relationship to Affiliate:	CHOOSE ONE FROM LIST		•
Add another Affiliate	2		

IN

urisdiction Informat	ion			
Jurisdiction:				
Federal				
○ State/Local				
Venue: (Court Name)	court nan	ne		
City:	fairfax			
State:	VA Virginia			
Docket/Court File Number:	123 abc			
Prosecuting Agenc or Civil Plaintiff:		ng agency		
Prosecuting Agenc or Plaintiff Case Number: Investigating Agence	case num	nber 123		
Name		Case Number		
investigating agen	Су	123		
Add another Invest	igating Age	ncy		
Statutory Offenses Statute Title and Se (e.g., 18 USC. 287) 18 usc 287		Statutory Offense (e.g., False Claim) false claim	Count (e.g., 2)	



Sentence/Judgment Information Date of Sentence or Judgment (MMDDYYYY)	ion ent: 01052013		
Is the Action on Appeal?			
○ Yes			
No			
○ Unknown			
Restitution Amount: (Format NNNNN.NN)	\$		
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$		
Incarceration:	Years	Months	Days
Suspended Sentence:	Years	Months	Days
Home Detention:	Years	Months	Days
Probation:	Years	Months	Days
Community Service:	Hours 44		
Other Court Orders: (Describe)		<u> </u>	

More Sentence/Judgment Information

o submit this transactior vledge.	n and that all information	is true and
DEVELOPER		
DEVELOPER		
7035551212	Ext.	
02/01/2013	,	
	o submit this transaction viedge. DEVELOPER DEVELOPER 2: 7035551212	DEVELOPER DEVELOPER 7035551212 Ext.



INJUNCTION

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905967, complete all necessary modifications in the form below, and press **Submit to Data Bank**.

The report entered here will replace the original report, so please ensure that all known data is entered in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0239 expiration date 05/31/14

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PRACTITIONER INFORMATION



Last Name SMITH	First Name JOHN	Middle Name	Suffix (Jr, III)	
Add another nar	ne used		,	
	ale © Unknown			
	ale C Unknown			
● Male ○ Fem				
Male ○ Fem				
Birth Date (MMD	DYYYY)			

— Ctroot Address.		
Street Address:		
Address Line 2:		
City:		
State:	CHOOSE ONE FROM LIST	
ZIP Code:	_	
Country: (if U.S., leave blan	nk)	
·	ractitioner's work information is the same as your organization.	
Organization		
Name:	GENERAL HOSPITAL	
Type:	301 General/Acute Care Hospital	
Address Street Address: Address Line 2: City: State: ZIP Code: Country: (if U.S., leave blan	123 FAKE STREET FAIRFAX VA Virginia 22030	
Social Security Num ****2333 Add another SSN	nbers (SSN) <u>Edit</u>	
Individual Taxpayer Add another ITIN	Identification Numbers (ITIN)	

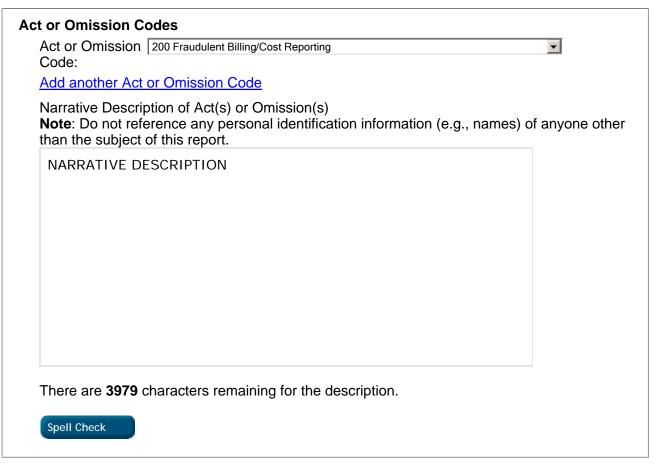
Federal Employer Identification Numbers (FEIN)

,	
Add another FEIN	
National Provider Iden Add another NPI	tifiers (NPI)
Drug Enforcement Adr	ministration (DEA) Numbers
Add another DEA Nu	<u>mber</u>
Unique Physician Iden Add another UPIN	tification Numbers (UPIN)
Number. Use the Add Ad Up to 60 licenses may be 1. State License Number:	nse. Check 'No License' if the subject does not have a State License dditional License/Occupation button to provide more than one license. provided.) 123ABC OR No License AL Alabama Physician (MD) Aerospace Medicine
Health Care Entities W	ith Which the Subject is Affiliated or Associated ted/associated health care entity in this report does not imply complicity in Click Help? for information on filling out non-U.S. and military
Address Street Address:	

Address Line 2:			
City:			
State:	CHOOSE ONE FROM LIST	▼	
ZIP Code:	-		
Country: (if U.S., leave blank			
Nature of Subject's			
Relationship to Affiliate:	CHOOSE ONE FROM LIST		•
Add another Affiliate	2		

IN

urisdiction Informat	ion			
Jurisdiction:				
Federal				
○ State/Local				
Venue: (Court Name)	COURT	NAME		
City:	FAIRFAX			
State:	VA Virginia	√		
Docket/Court File Number:	123 ABC			
Prosecuting Agenc or Civil Plaintiff:		UTING AGENCY		
Prosecuting Agenc or Plaintiff Case Number:	CASE NU	JMBER 123		
Investigating Agend Name	cies	Case Number		
INVESTIGATING A	AGENCY	123		
Add another Invest				
Statutory Offenses				
Statute Title and Se (e.g., 18 USC. 287)		Statutory Offense (e.g., False Claim)	Count (e.g., 2)	
		FALSE CLAIM	2	



Sentence/Judgment Informat Date of Sentence or Judgme (MMDDYYYY)	ion ent: 01052013		
Is the Action on Appeal?			
© Yes			
No			
○ Unknown			
Restitution Amount: (Format NNNNN.NN)	\$		
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$		
Incarceration:	Years	Months	Days
Suspended Sentence:	Years	Months	Days
Home Detention:	Years	Months	Days
Probation:	Years	Months	Days
Community Service:	Hours 44		
Other Court Orders: (Describe)		<u> </u>	

Entity Internal Report Reference	e
information to help you identify	entity to include an internal file number or other reference this report in your files. This information is not used by the ed on copies of the report sent to queriers.
Entity Internal Report Reference: (e.g., claim number)	
Customer Use	
Customer use	
This optional field may be used	d by the submitter to identify this transaction. This information is and only appears on the response returned to your organization
This optional field may be used	
This optional field may be used returned without modification a Customer Use:	
This optional field may be used returned without modification a Customer Use: Certification	and only appears on the response returned to your organization
This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to	and only appears on the response returned to your organization submit this transaction and that all information is true and
This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to correct to the best of my knowledge.	submit this transaction and that all information is true and ledge.
This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to correct to the best of my knowled Authorized Submitter's Name:	submit this transaction and that all information is true and ledge. DEVELOPER DEVELOPER

Store as a Draft

Validate Without Submitting

More Sentence/Judgment Information

Submit to Data Bank



INJUNCTION

Organization Subject: Initial Report

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SUBJECT INFORMATION

raanization Information



We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

MEDICAL ORGA	NIZATION
Add another name	<u>s used</u>
lick Help ?	for information on filling out non-U.S. and military addresse
ddress	
Street Address:	123 MAIN STREET
Address Line 2:	
radioss Line 2.	,
City:	FAIRFAX
	FAIRFAX VA Virginia
City:	
ity: tate:	

Туре
Organization Type: 361 Chiropractic Group/Practice
Estant English Mark (FEIN)
Federal Employer Identification Numbers (FEIN)
123456789
Add another FEIN
Social Security Numbers (SSN)
Add another SSN
Individual Taxpayer Identification Numbers (ITIN)
Add another ITIN
Drug Enforcement Administration (DEA) Numbers
Add another DEA Number
National Provider Identifiers (NPI)
Add another NPI
Medicare Provider/Supplier Numbers
Add another Medicare Provider/Supplier Number
Organization State Licensure Information
(If no State License, check the 'No License' box.)
State License
Number:
State of Licensure: AL Alabama
Add another License

Last Name	First Name Middle Name Suffix Title
Add another Prin	cipal Officer or Owner
Inclusion of an af	s With Which the Subject is Affiliated or Associated filiated/associated health care entity in this report does not imply complic
the reported action addresses.	on. Click Help ? for information on filling out non-U.S. and military
Name of Affiliated/Associa Health Care Entit	
Address	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	
Country: (if U.S., leave bla	ınk)
Nature of Subject Relationship to Affiliate:	t's CHOOSE ONE FROM LIST
Add another Affili	<u>ate</u>
RMATION DESCRIE	
Jurisdiction Inform	ation
Jurisdiction: © Federal	
© State/Loca	al
Venue:	~
(Court Name)	
City:	
State:	CHOOSE ONE FROM LIST

Prosecuting Agency or Civil Plaintiff:

NI. una la a mi		
Number:		
vestigating Agencies		
Name	Case Number	7
Add another Investigating Age	ency	
tatutory Offenses		
Statute Title and Section	Statutory Offense	Count
(e.g., 18 USC. 287)	(e.g., False Claim)	(e.g., 2)
Add another Statutory Offense	<u>e</u>	
t or Omission Codes		
Act or Omission CHOOSE ONE	FROM LIST	
Code:		
Add another Act or Omicaion	O = -l =	
Add another Act of Offission	Code	
Narrative Description of Act(s)	or Omission(s)	
Narrative Description of Act(s) Note: Do not reference any pe	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note: Do not reference any per	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone othe
Narrative Description of Act(s) Note: Do not reference any per	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
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Narrative Description of Act(s) Note: Do not reference any pe	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone othe
Add another Act or Omission Narrative Description of Act(s) Note: Do not reference any perthan the subject of this report.	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
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Narrative Description of Act(s) Note: Do not reference any per	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note: Do not reference any pe	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note: Do not reference any per	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note : Do not reference any per than the subject of this report.	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note : Do not reference any per than the subject of this report.	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note : Do not reference any perithan the subject of this report.	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note : Do not reference any period than the subject of this report.	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other
Narrative Description of Act(s) Note : Do not reference any perithan the subject of this report.	or Omission(s) ersonal identification informa	ation (e.g., names) of anyone other

© Yes	Restitution (Format NN	-M.
⊙ No		
© Unknov	wn	
Other Sentend	ce/Judgment	
Amount Order (Format NNN)		\$
Suspended Se	entence:	Years Months Days
Probation:		Years Months Days
Community Se	ervice:	Hours
Other Court O (Describe)	rders:	
More Sen	tence/Judgme	ent Information
Entity Internal R	eport Referer	nce
information to	help you ident	our entity to include an internal file number or other reference ntify this report in your files. This information is not used by the ovided on copies of the report sent to queriers.
Entity Internal Reference:	Report	
(e.g., claim nu		
Customer Use		
This optional f		used by the submitter to identify this transaction. This information on and only appears on the response returned to your organizatio
Customer Use		in and only appears on the response returned to your organization
Certification		
I certify that I a		d to submit this transaction and that all information is true and owledge.
Authorized Su	bmitter's Nam	ne: DEVELOPER
Authorized Su	bmitter's Title:	DEVELOPER
Authorized Su	bmitter's Phor	ne: 7035551212 Ext.
Date:		02/01/2013
9 20	-0 1 -0	
end e-mail notifica	ation when this	is and any future responses are available.
		d/update this subject in your subject database for orts. Duplicate entries in your subject database may

Submit to Data Bank

Validate Without Submitting

Store as a Draft



INJUNCTION

Report Correction

To submit a **correction** to previously submitted report DCN 7930000076905975, complete all necessary modifications in the form below, and press **Submit to Data Bank**.

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SUBJECT INFORMATION



MEDICAL ORGA	NIZATION
Add another name	eused
taa anothor name	5 4554
Click Help ?	for information on filling out non-U.S. and military address
ddress	
Street Address:	123 MAIN STREET
Street Address: Address Line 2:	123 MAIN STREET
Address Line 2:	
	123 MAIN STREET FAIRFAX
Address Line 2:	
Address Line 2: City:	FAIRFAX
Address Line 2: City: State:	FAIRFAX VA Virginia

Туре
Organization Type: 361 Chiropractic Group/Practice
Estant English Mark (FEIN)
Federal Employer Identification Numbers (FEIN)
123456789
Add another FEIN
Social Security Numbers (SSN)
Add another SSN
Individual Taxpayer Identification Numbers (ITIN)
Add another ITIN
Drug Enforcement Administration (DEA) Numbers
Add another DEA Number
National Provider Identifiers (NPI)
Add another NPI
Medicare Provider/Supplier Numbers
Add another Medicare Provider/Supplier Number
Organization State Licensure Information
(If no State License, check the 'No License' box.)
State License
Number:
State of Licensure: AL Alabama
Add another License

-	s and Owners		0 ("		
_ast Name	First Name	Middle Name	Suffix	<u>Title</u>	
Add another F	rincipal Officer or	Owner			
tua another i	micipal Officer of	OWICI			

	With Which the Subject is Affiliated or Associated ated/associated health care entity in this report does not imply complicity in	1
the reported action.	Click Help ? for information on filling out non-U.S. and military	
addresses.		
Name of Affiliated/Associated Health Care Entity:		
Address		
Street Address:		
Address Line 2:		
City:		
State:	CHOOSE ONE FROM LIST	
ZIP Code:	-	
Country: (if U.S., leave blank		
Nature of Subject's Relationship to Affiliate:	CHOOSE ONE FROM LIST	
Add another Affiliate	<u>2</u>	

INFORMATION DESCRIBING ACTION



Jurisdiction Informati	on
Federal	
○ State/Local	
Venue: (Court Name)	FEDERAL VENUE
City:	FAIRFAX
State:	VA Virginia
Docket/Court File Number:	123ABC
Prosecuting Agency or Civil Plaintiff:	PROSECUTING AGENCY

Prosecuting Agency or Plaintiff Case PROSEC Number:	UTING AGENCY 123	
Investigating Agencies		
Name	Case Number	
INVESTIGATING AGENCY	123ABC	
Add another Investigating Age Statutory Offenses	<u>ncy</u>	
Statute Title and Section	Statutory Offense	Count
(e.g., 18 USC. 287)	(e.g., False Claim)	(e.g., 2)
189 USC 287	FALSE CLAIM	2
Add another Statutory Offense		

Act or Omission Codes
Act or Omission 205 Billing for Services not Rendered/Supplies not Provided Code:
Add another Act or Omission Code
Narrative Description of Act(s) or Omission(s) Note : Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report.
NARRATIVE DESCRIPTION
There are 3070 characters remaining for the description
There are 3979 characters remaining for the description.
Spell Check

Sentence/Judgment Information
Date of Sentence or Judgment: 01062013
(MMDDYYYY)

Is the Action on Appeal?

© Yes (Format NNN)	nount: \$
• No	viv.iviv)
© Unknown	
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	
Suspended Sentence:	Years Months Days
Probation:	Years Months Days
Community Service:	Hours 66
Other Court Orders: (Describe)	<u>A</u>
More Sentence/Judgment	<u>Information</u>
information to help you identify	entity to include an internal file number or other reference this report in your files. This information is not used by the
information to help you identify	
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference:	this report in your files. This information is not used by the
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used	this report in your files. This information is not used by the
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used returned without modification a Customer Use:	this report in your files. This information is not used by the ed on copies of the report sent to queriers. If the description is not used by the ed on copies of the report sent to queriers. If the description is not used by the ed on copies of the report sent to queriers.
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used returned without modification a Customer Use: Certification	this report in your files. This information is not used by the ed on copies of the report sent to queriers. If by the submitter to identify this transaction. This information and only appears on the response returned to your organization.
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to	this report in your files. This information is not used by the ed on copies of the report sent to queriers. If by the submitter to identify this transaction. This information and only appears on the response returned to your organization.
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to correct to the best of my knowledge.	this report in your files. This information is not used by the ed on copies of the report sent to queriers. If by the submitter to identify this transaction. This information and only appears on the response returned to your organization. Submit this transaction and that all information is true and edge.
information to help you identify Data Bank, but it will be provide Entity Internal Report Reference: (e.g., claim number) Customer Use This optional field may be used returned without modification a Customer Use: Certification I certify that I am authorized to correct to the best of my knowl Authorized Submitter's Name:	this report in your files. This information is not used by the ed on copies of the report sent to queriers. If by the submitter to identify this transaction. This information and only appears on the response returned to your organization. Submit this transaction and that all information is true and edge. DEVELOPER DEVELOPER

Submit to Data Bank

Validate Without Submitting

Store as a Draft