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DCN: 7950000146051773 Process Date: 05/15/2019

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PUBLIC, JOHN
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ATTORNEY GENERAL

PUBLIC, JOHN

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JUDGMENT OR CONVICTION REPORT

Initial Action

Basis for Initial Action

Date of Action: 10/02/2012

- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)

- FRAUDULENT BILLING/COST REPORTING

A. REPORTING ENTITY

Entity Name: ATTORNEY GENERAL

Address: 555 TEST ST

City, State, Zip: WASHINGTON, DC 20000

Country:

Name or Office: JANE SMITH
Title or Department: CERTIFIER

Telephone: (222) 333-4444

Entity Internal Report Reference:

Customer Use: customer use 123

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION

(INDIVIDUAL)

Subject Name: PUBLIC, JOHN

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/02/1950

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 100 HOME STREET City, State, ZIP: CITY, VA 12345

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

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

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Occupation/Field of Licensure: CHIROPRACTOR

State License Number, State of Licensure: 123123123123, VA

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

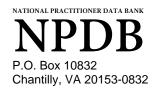
Name(s) of Health Care Entity (Entities) With Which Subject Is

Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.): SAMPLE HOSPITAL Business Address of Affiliate: 100 WORK STREET

City, State, ZIP: CITY, VA 12345

Nature of Relationship(s): SUBJECT IS OWNER/PARTNER OF AFFILIATE OR ASSOCIATE (100)

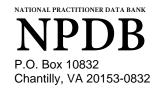


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C. INFORMATION	Venue (Court):	COURT		
REPORTED	Jurisdiction:	FEDERAL CO	URT	
	City, State of Court:	CITY, WA		
	Docket/Court File Number:	2132132132	13213	
	Prosecuting Agency or Civil Plaintiff:			
Case	Number Used by Prosecuting Agency:			
		CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)		
	Investigating Agency(Agencies):			, , , , , , , , , , , , , , , , , , , ,
Case Number(s) Us	eed by Investigating Agency(Agencies):			
0400 (14111201(0) 00	Statutory Offense(s) and Count(s):			
	• • • • • • • • • • • • • • • • • • • •		P DILLING / COST DEDODTING	(200)
Narrative Description of Act(s) or Omission(s):		FRAUDULENT BILLING/COST REPORTING (200)		
Namauv	Date of Judgment/Sentence:			
	•			
	_	t/Sentence		
	Amount of Restitution:			
	Other Amount Ordered:			
	Incarceration:	Years: 4	Months: 4	Days: 1
	Suspended Sentence:	Years: 4	Months:	Days: 4
	Home Detention:	Years: 1	Months: 1	Days: 2
	Probation:		Months:	Days:
	Community Service:	Hours:		- 3 -
	<u>-</u>	DESCRIPTIO	INT	
	Other.	DESCRIPTIO	ZIN	
	Subject identified in Section B ha	as appealed the	e reported adverse action.	
D. SUBJECT	If the subject identified in Section B	of this report ha	s submitted a statement, it appear	ars in this section.
STATEMENT				
E. REPORT STATUS	Unless a box below is checked, the s	subject of this re	eport identified in Section B has i	not contested this report.
	This report has been disputed by the subject identified in Section B.			
			on B, this report is being reviewe	
			es to determine its accuracy and	or whether it complies with
	reporting requirements. No dec	cision has been	reached.	
	At the request of the subject ide	antified in Section	on B this report was reviewed by	the Secretary of the LLS
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 and a decision was reached. The subject has requested that				
	the Secretary reconsider the or		a a accioion mac reactica. The c	abject has requested that
	, , , , , , , , , , , , , , , , , , , ,	9		
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:			•
	D ((0): 10 ! : :			
	Date of Original Submission:	05/15/2019		
	Date of Most Recent Change:	05/15/2019		



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This report is maintained under the provisions of: Section 1921

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END OF DEDODT	