

NOTE: This is a sample report with fictitious information. Any reference to actual persons, places, or events is purely coincidental.

Lightly shaded boxes (like this one) appear throughout this sample report and explain the content of various sections. These explanations do not appear in actual reports.

Executive Summary

Individual ZACHARY THUL

Compiled on 11/14/2007 at 2:51PM Reference: Sample Report

The hyperlinks in this portion only appear when viewing the report in a web browser. Clicking a link provides the ability to view a particular section without having to scroll through the entire report.

SSN Validation	VERIFIED
Other Associated SSNs and/or Names	YES
Date of Birth	VERIFIED
Gender	MALE
Business Phone Number/Address Match	VERIFIED
5% Individual Ownership	YES
Business Affiliations	YES
DEA Controlled Substance License	AB1234567
Active Professional License	12345
Other Professional License	YES
Area of Practice	ANATOMIC/CLINICAL PATHOLOGY
Medical Education	YES
State Disciplinary Action	YES
MED/OIG Sanction	YES
GSA Sanction	YES

User-Supplied Information

User-Supplied Information shows the criteria used to generate the report.

Last Name:	THUL
First Name:	ZACHARY
SSN:	123-45-XXXX
DOB:	09/XX/1925
Phone:	(305)555-1212
Address 1:	1234 W FLAGLER AVE MIAMI, FL 33123

ZACHARY THUL

DOB: SEP XX, 1925

SSN 265-67-XXXX issued in Florida between 1975 and 1976

Gender: MALE

UPIN No.: A12345

Possible AKAs for Subject

Other names by which this subject is known.

THUL, Z	SSN: 261-73-XXXX	DOB: 09/XX/1925
THUL, ZACHARY K	SSN: 265-67-XXXX	DOB: 09/XX/1925
THUL, ZACK K	SSN: 261-73-XXXX	DOB: 09/XX/1925
THUL, ZACKARY	SSN: 261-73-XXXX	
THUL, ZACK	SSN: 261-73-XXXX	

Possible Other Social Security Numbers Associated with Subject

Subjects are frequently linked to other names. The most common reasons for this are:

1. Typographical errors.
2. Jointly filed public records that list both the subject and the second name.
3. Father and son who have the same name.
4. Fraudulent use of a Social Security number.

THUL, ZACHARY K	SSN: 261-31-XXXX	DOB: 09/XX/1925
THUL, ZACHARY K	SSN: 261-73-XXXX	DOB: 09/XX/1925
THUL, Z	SSN: 261-73-XXXX	DOB: 09/XX/1925
THUL, ZACKARY	SSN: 261-73-XXXX	DOB: 09/XX/1925
THUL, ZACHARY K	SSN: 261-73-XXXX	
THUL, ZACHARY	SSN: 261-73-XXXX	

Possible Business Address match to Phone Number (305)555-1212

Phone (305)555-1212
Address 1234 W FLAGLER AVE
MIAMI FL 33123

5% Ownership

Indicates data found for five or more percent ownership of a business.

ACME MEDICAL GROUP
40,000 SHARES

Possible Business Affiliations

12 NW 98TH AVE MIAMI, FL 33321
DOCTORS' HEALTH PRO CARE FL

654321

INACTIVE

12345 BAKER DR FORT MYERS, FL 33321

GRYMES INVESTMENT, L.L.C. FL K01000023456
NAME (REGISTERED AGENT) ACTIVE

6543 E FLAGLER DR MIAMI, FL 33456

ADVANTAGE SERVICE GROUP FL Q45678
NAME (REGISTERED AGENT) INACTIVE

Officer Name Match Only (NOT necessarily affiliated)

Matching Name: THUL ZACHARY

T & TG CORPORATION FL H40021
NAME (REGISTERED AGENT) INACTIVE

Possible DEA Controlled Substance Licenses

Certain individuals and businesses are required to be registered under the Controlled Substance Act. Physicians, dentists, and veterinarians are among this group.

DEA License: **AB1234567**
Expires: **7/31/2010**
Drug Schedule: **II, IIN, III, IIIN, IV, V**

DEA License: **AB1234567**
Expires: **7/31/2007**
Drug Schedule: **II, IIN, III, IIIN, IV, V**

Possible Practices

Practice Name: **AMERIHEALTH NORTHWEST FLORIDA**
Address: **1234 PROMED LN STE 12**
FORT MYERS, FL 33999
Phone: **(239)555-1212**
FAX: **(239)555-1213**

Possible Professional Licenses

The Professional Licenses database can be used to:

1. Narrow down common names (such as John Smith) to only those who are Registered Nurses.
2. Verify license information.
3. Prove that a license is in good standing.
4. Locate possible employment information.

Type: **FLORIDA Professional License** (Historical)

License Type: **MEDICAL DOCTOR**
Lic. Number: **345678** Status: **PROBATION**
Original Date: **04/19/1977**
Expire Date: **01/31/2002**
SSN: DOB:
Phone: **(305)555-1212**
Full Name: **THUL, ZACHARY K**
Address: **1234 W FLAGLER AVE**
MIAMI, FL 33123

County:

License State: **FLORIDA** License Number: **34567**
Issue Date: **04/19/1977** Expire Date: **01/31/2008**
License Type: **PHYSICIAN AND SURGEON OR OSTEOPATH**
License Description: **MEDICAL DOCTOR**
License Status: **ACTIVE**

License State: **FLORIDA** License Number: **65432**
Issue Date: **08/09/1991** Expire Date: **01/31/2009**
License Type: **PHYSICIAN AND SURGEON OR OSTEOPATH**
License Description: **MEDICAL DOCTOR**
License Status: **ACTIVE**

ABMS Specialty

ABMS is a not-for-profit corporation whose constituent members include, but are not limited to, twenty-four (24) medical specialty boards whose diplomats have met the advanced education and other requirements needed to be certified by one or more of the ABMS Member Boards as specialists in one or more medical specialties.

American Board of Medical Specialties (ABMS) Certifications:

Effective : **NOV 1996**
Type: **General board certification**
Certified by: **AMERICAN BOARD OF PATHOLOGY**
Specialty: **ANATOMIC/CLINICAL PATHOLOGY**

The physician specialty certification data supplied herein is maintained in a proprietary and copyrighted Database owned by the American Board of Medical Specialties. Copyright 2001 American Board of Medical Specialties. All Rights Reserved.

Possible Area of Practice

Area of Practice: **GENERAL PRACTICE**

Area of Practice: ANATOMIC/CLINICAL PATHOLOGY

Possible Medical Education

Profession PHYSICIANS AND SURGEONS
Graduated From STETSON INSTITUTE
Graduation Year 1952

Profession PHYSICIANS AND SURGEONS
Graduated From AMERICAN UNIV OF HEALTH
Graduation Year 1985

Possible Additional Training

Type of Training Residency
From 07/01/1989
To 12/31/1995
Institute GRYMES UNIV
State FL

Possible State Disciplinary Action

Profession PHYSICIAN AND SURGEON OR OSTEOPATH Action State US
Case Number Action Date 05/05/2006
Source HHS REINSTATEMENTS MAY 2005
Action REINSTATEMENT FROM 8/14/1995 EXCLUSION

Profession PHYSICIAN AND SURGEON OR OSTEOPATH Action State US
Case Number Action Date 08/14/1995
Source HHS ACTION REPORT DATED SEP 08, 2003
Action CONVICTION OF PROGRAM-RELATED CRIMES. MINIMUM PERIOD: 5 YEARS.

Profession PHYSICIANS AND SURGEONS Action State US
Case Number Action Date
Complaint 1128(A)(1) - PROGRAM RELATED CONVICTION
Action THE HHS OFFICE OF INSPECTOR GENERAL IMPOSED EXCLUSIONS IN THIS CASE. WHEN AN EXCLUSION IS IMPOSED, NO PROGRAM PAYMENT IS MADE TO ANYONE FOR ANY ITEMS OR SERVICES (OTHER THAN AN EMERGENCY ITEM OR SERVICE NOT PROVIDED IN A HOSPITAL EMERGENCY ROOM) FURNISHED, ORDERED OR PRESCRIBED BY AN EXCLUDED PARTY UNDER THE MEDICARE, MEDICAID, MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT AND BLOCK GRANTS TO STATES FOR SOCIAL SERVICES PROGRAMS. IN ADDITION, NO PROGRAM PAYMENT IS MADE TO ANY BUSINESS OR FACI

Profession **PHYSICIANS AND SURGEONS** Action State **FL**
Case Number Action Date **07/01/1994**
Action **FOUND GUILTY OF BEING CONVICTED OR FOUND GUILTY OF OR ENTERING A PLEA OF NOLO CONTENDERE TO REGARDLESS OF ADJUDICATION A CRIME IN ANY JURISDICTION WHICH DIRECTLY RELATES TO THE PRACTICE OF MEDICINE OR TO THE ABILITY TO PRACTICE MEDICINE. ACTION TAKEN - \$5000 ADMINISTRATIVE FINE; REPRIMAND; LICENSE SUSPENDED FOR A PERIOD OF 18 MONTHS; UPON REINSTATEMENT; PROBATION FOR A PERIOD OF 3 YEARS WITH TERMS AND CONDITIONS TO BE IMPOSED AT THE TIME OF REINSTATEMENT. APPEALED AND AFFIRMED. DAD 11**

Profession **PHYSICIANS AND SURGEONS** Action State **FL**
Case Number Action Date **07/01/1994**
Action **FOUND GUILTY OF BEING CONVICTED OR FOUND GUILTY OF, OR ENTERING A PLEA OF NOLO CONTENDERE TO A CRIME IN ANY JURISDICTION WHICH DIRECTLY RELATES TO THE PRACTICE OF MEDICINE OR TO THE ABILITY TO PRACTICE MEDICINE IN THAT RESPONDENT SUBMITTED FALSE AND FRAUDULENT CLAIMS TO THE MEDICARE PROGRAM. ACTION TAKEN--\$5,000 ADMINISTRATIVE FINE; REPRIMAND; 18 MONTHS SUSPENSION EFFECTIVE 9/14/95; 3 YEARS PROBATION UPON REINSTATEMENT WITH TERMS AND CONDITIONS TO BE IMPOSED AT THE TIME OF REINSTATEMENT.**

Profession **PHYSICIANS AND SURGEONS** Action State **US**
Case Number Action Date **07/01/1994**
Action **PROGRAM-RELATED CONVICTION**

Profession **PHYSICIAN AND SURGEON OR OSTEOPATH** Action State **FL**
Case Number **91-05263** Action Date **11/02/1996**
Source **STATE OF FLORIDA DEPARTMENT OF HEALTH BOARD OF MEDICINE SUBJ**
Action **PETITION FOR REINSTATEMENT GRANTED PROBATION: 3 YEARS, INCLUDING INDIRECT SUPERVISION**

Possible MED/OIG Sanctions

Specialty (General):		Sub Specialty:	
SSN:	265-67-XXXX	DOB:	09/XX/1925
UPIN:	12345	FEIN:	1002AB2003C
Sanction Type:	Individual	Sanction Date:	05/05/2006
Reinstatement Date:	INDEF	Date of Death:	
Oscar Number:	123456789	NSC Number:	1234567890
Intermediary Number:	123456	Carrier Number:	123456
Record Type:			

Possible GSA Sanctions *

Name: **THUL, ZACHARY K.**
Class/Type: **Reciprocal - Individual**
CT Code 1: **Z1** Agency: **HHS**
Expiration Date: **INDEF.**

* GSA Sanctions

Data displayed herein for GSA Sanctions should be interpreted as a warning flag. Due to the lack of a specific qualifier, such as social security number or a tax identification number, this data must be validated through the appropriate agency.

The following databases were searched but data for the Subject was not found:

This section will display a list of databases that returned no matching data on the report subject. In this example, no databases are listed because all returned matches.

*** End of Report BOBW PSS412/04 7535088 ***