United States Department of Health and Human Services

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

In the Case of:)
) Date:
Petitioner,))) Docket No. C
- v))
The Inspector General.))
	_)
INFORMAL BRI	EF OF PETITIONER
in Medicare, Medicaid, and other federa you were suspended, excluded or other	ection 1128(b)(5) of the Social Security a period of time that is not less than the
I. Were you suspended, excluded, or State health care program under the section 1128(b)(5)?	otherwise sanctioned under a federal or circumstances that are described at
A. Do you agree that you were sanctioned by a federal or a State	suspended, excluded or otherwise e health care program?
Yes No	

	If you disagree , explain why you disagree. State which exhibits support your argument and explain why they do.
	B. Do you agree that you were suspended, excluded, or otherwise sanctioned for reasons bearing on your professional competence, professional performance, or financial integrity?
	Yes No
	If you disagree , explain why you disagree. State which exhibits support your argument and explain why they do.
II. D	Oo you believe that an in-person hearing is necessary to decide your case?
	Yes No
Do y	ou have any testimony that you wish to offer at an in-person hearing?
	Yes No
If yo	u have testimony that you wish to offer, provide the following:
	1. The name of each witness whose testimony you want to offer.

why you believe that the testimony relates to any of the arguments you want to offer in connection with item I.
3. An explanation of why the proposed testimony does not duplicate something that is already stated in an exhibit.
III. Do you have any other arguments you wish to make? If so, please state them here. State which exhibits support your argument(s) and explain why they
do.
Petitioner or Petitioner's Representative
Date: