Florida HEALTH Department of Health

RAJESH KUMAR CHAND VINDHYA

License Number: ME102013

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/09/2006
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

RAJESH KUMAR CHAND VINDHYA
8855 IMMOKALEE RD
SUITE 11
NAPLES, FL 34120

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
LARGO MEDICAL CENTER	CLEARWATER	FLORIDA

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICAL LICENSE
TEXAS	MEDICAL LICENSE
ILLINOIS	MEDICAL LICENSE
CALIFORNIA	MEDICAL LICENSE

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST JOHNS MEDICAL COLLEGE	MD	8/1/1994 - 10/1/2000	04/05/2001

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
NEW YORK METHODIST HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/2002	06/30/2003
NEW YORK METHODIST HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/2003	06/30/2005
FLUSHING HOSPITAL MEDICAL CENTER	FELLOWSHIP	IM - GERIATRIC MEDICINE		FLUSHING	NEW YORK	07/01/2007	06/30/2008

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
MEDICINE TEACHING ATTENDING	ST UNIV OF NEW YORK HLTH SCIEN CTR SYRAC	WILSON MEMORIAL HOSPITAL BINGHAMTON	NEW YORK
ASSISTANT CLINICAL PROFESSOR	ST UNIV OF NEW YORK HLTH SCIEN CTR SYRAC	WILSON MEMORIAL HOSPITAL BINGHAMTON	NEW YORK
ASSISTANT PROGRAM DIRECTOR OF RESIDENCY PROGRAM FOREST HILLS	HOFSTRA UNIVERSITY SCHOOL OF MEDICINE	FOREST HILLS	NEW YORK

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/01/2005

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than $250,000 per claim, with a minimum annual aggregate of not less than $750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding $100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
SOCIETY OF HOSPITAL MEDICINE
AMERICAN COLLEGE OF PHYSICIANS

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
AMERICAS TOP PHYSICIANS - 2009	CONSUMER RESEARCH COUNCIL OF AMERICA
MERITORIOUS ACHIEVEMENT AWARD IN RESEARCH BY A PGY3 RESIDENT	NEW YORK METHODIST HOSPITAL
BEST SENIOR RESIDENT OF THE MONTH- INTERNAL MEDICINE	NEW YORK METHODIST HOSPITAL
FACP - FELLOW OF AMERICAN COLLEGE OF PHYSICIANS	FHM - FELLOW IN HOSPITAL MEDICINE

Community Service/Award/Honor	Organization

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
JOURNAL OF AMERICAN GERIATRICS SOCIETY	REDUCTION IN SYMPTOM BURDEN IN THE ELDERLY FOLLOWING PALLIAT	08/08/2008
METABOLIC SYNDROME IN PATIENTS WITH HEART FAILURE WITH NM EF	PUBLISHED IN JOURNAL OF CARDIAC FAILURE 2006 12 6 S20 0	09/10/2006

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.
HINDI

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN COLLEGE OF PHYSICIANS - ACP
FLORIDA ALTERNATIVE MEDICINE.5033 W LAUREL ST.TAMPA,FL 33607
SOCIETY OF HOSPITAL MEDICINE - SHM