



## CHUT SOMBUTMAI

License Number: OS10770

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	08/25/2009
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

CHUT SOMBUTMAI  
11215 METRO PKWY  
BLDG 3 STE 1  
FT MYERS, FL 33966

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
NORTHSIDE HOSPITAL	ST. PETERSBURG	FLORIDA
ADVENT HEALTH	ORLANDO	FLORIDA

### Email Address

Please contact at: [csombutmai@TSTELEMED.COM](mailto:csombutmai@TSTELEMED.COM)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
DELAWARE	TRAINING
NORTH CAROLINA	MEDICINE
SOUTH CAROLINA	MEDICINE
NEW HAMPSHIRE	MEDICINE
GEORGIA	MEDICINE
MISSISSIPPI	MEDICINE
VIRGINIA	MEDICINE
NEBRASKA	MEDICINE
IOWA	MEDICINE
ILLINOIS	MEDICINE
OHIO	MEDICINE
NEW YORK	MEDICINE
ALABAMA	MEDICINE

State	Profession
INDIANA	MEDICINE
OREGON	MEDICINE TELEMEDICINE
NORTH DAKOTA	MEDICINE
ARIZONA	MEDICINE
NEW MEXICO	MEDICINE
LOUISIANA	MEDICINE
TENNESSEE	MEDICINE
MICHIGAN	MEDICINE
TEXAS	MEDICINE TELEMEDICINE
PENNSYLVANIA	MEDICINE
WASHINGTON	MEDICINE
MONTANA	MEDICINE
CALIFORNIA	MEDICINE

**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
NOVA SOUTHEASTERN UNIVERSITY	DO	8/1/2001 - 5/27/2005	05/27/2005

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF MIAMI	CORAL GABLES	FLORIDA	08/01/1996	05/01/2000	BS - BIOCHEMISTRY
BARRY UNIVERSITY	MIAMI SHORES	FLORIDA	08/01/2000	07/01/2001	MS BIOMEDICAL SCIENCES

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
CHRISTIANA CARE HEALTH SERVICES	INTERNSHIP	AOA APPROVED INTERNSHIP		WILMINGTON	DELAWARE	07/01/2005	06/30/2006
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE- JACKSONVILLE	INTERNSHIP	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/2006	06/30/2007
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE- JACKSONVILLE	RESIDENCY	N - NEUROLOGY		JACKSONVILLE	FLORIDA	07/01/2007	06/30/2010
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE- JACKSONVILLE	FELLOWSHIP	NEUROLOGY	VASCULAR NEUROLOGY	JACKSONVILLE	FLORIDA	07/01/2010	06/30/2011

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

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 PSYCHIATRY AND NEUROLO	NEUROLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

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.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
05/26/2015	OUT OF STATE	18-CVS-001573	03/11/2020	\$150,000.00	\$5,000,000.00
10/27/2017		20-CA-000651	11/19/2021	\$1,000,000.00	\$1,000,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:  
American Osteopathic Association  
American Academy of Neurology

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
PSI SIGMA ALPHA NATIONAL OSTEO SCHOLASTIC HONOR SOCIETY	

**Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

**Professional Web Page**

This practitioner has not provided any professional web page information.

**Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

**Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.