



NEETA MODY VARGO

License Number: ME104276

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/24/2001
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

NEETA MODY VARGO
209 CALLE POTRANCA
SAN CLEMENTE, CA 92672

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
BAYFRONT MEDICAL CENTER	PUNTA GORDA	FLORIDA
	PORT CHARLOTTE	FLORIDA
PARRISH MEDICAL CENTER	TITUSVILLE	FLORIDA
BAYFRONT HEALTH SPRING HILL	SPRING HILL	FLORIDA
BAYFRONT HEALTH BROOKSVILLE	BROOKSVILLE	FLORIDA
THRU RADIOLOGY PARTNERS - MULTIPLE STATES VIA TELERADIOLOGY		

Email Address

Please contact at: nvargomd@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MD
ARKANSAS	MD
CALIFORNIA	MD
COLORADO	MD
GEORGIA	MD
ILLINOIS	MD
INDIANA	MD
IOWA	MD
LOUISIANA	MD
MAINE	MD
MASSACHUSETTS	MD

State	Profession
MICHIGAN	MD
NEVADA	MD
NEW JERSEY	MD
NEW MEXICO	MD
NEW YORK	MD
NORTH CAROLINA	MD
NORTH DAKOTA	MD
OHIO	MD
OKLAHOMA	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
WISCONSIN	MD
DELAWARE	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
WEST VIRGINIA	MEDICAL DOCTOR

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
THOMAS JEFFERSON UNIVERSITY	MD	8/25/1997 - 6/8/2001	06/08/2001

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended		Degree Title
			From	Attended To	
FRANKLIN AND MARSHALL COLLEGE	LANCASTER	PENNSYLVANIA	08/29/1990	05/22/1994	BA - BIOLOGY
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE	PHILADELPHIA	PENNSYLVANIA	08/29/1994	06/02/1996	MASTERS OF SCIENCE

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	Dates Attended		Dates Attended To
				City	State or Country	
THE WESTERN PENNSYLVANIA HOSPITAL	RESIDENCY	AN - ANESTHESIOLOGY		PITTSBURGH	PENNSYLVANIA	07/01/2002 06/30/2003
THE WESTERN PENNSYLVANIA HOSPITAL	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		PITTSBURGH	PENNSYLVANIA	07/01/2002 06/30/2003
THE WESTERN PENNSYLVANIA HOSPITAL	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		PITTSBURGH	PENNSYLVANIA	07/01/2004 09/24/2008
THOMAS JEFFERSON UNIVERSITY HOSPITAL	FELLOWSHIP	OTHER	WOMENS IMAGING	PHILADELPHIA	PENNSYLVANIA	10/01/2008 09/30/2009

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 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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	

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.

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
09/19/2014	OUT OF STATE	61-CV-2016-9002	05/21/2019	\$250,000.00	\$0.00

Optional Information

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

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

radiologypartners.com

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.
