## FRANCIS DAVID NTIMBA

## License Number: ME108656

ProfessionMedical DoctorLicense StatusCLEAR/ActiveYear Began Practicing07/01/1995License Expiration01/31/2027DateDate

## **General Information**

## **Primary Practice Address**

FRANCIS DAVID NTIMBA ONE CITYPLACE DRIVE SUITE 570 SAINT LOUIS, MO 63141

## 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
HICUITY HEALTH	SAINT LOUIS	MISSOURI
	TAMPA	FLORIDA
ADVENTHEALTH CENTRAL TEXAS	KILLEEN	TEXAS
	DELAND	FLORIDA
	ORANGE CITY	FLORIDA
ADVENTHEALTH GORDON	CALHOUN	GEORGIA
ADVENTHEALTH HENDERSONVILLE	HENDERSONVILLE	NORTH CAROLINA
ADVENTHEALTH MANCHESTER	MANCHESTER	KENTUCKY
	NEW SMYRNA BEACH	FLORIDA
	TARPON SPRINGS	FLORIDA
	PALM COAST	FLORIDA
CHRISTUS SANTA ROSA HOSPITAL ¿ SAN MARCOS	SAN MARCOS	TEXAS
	SEBRING	FLORIDA
ADVENTHEALTH SHAWNEE MISSION	SHAWNEE MISSION	KANSAS
	ZEPHYRHILLS	FLORIDA
ADVENTHEALTH BOLINGBROOK	BOLINGBROOK	ILLINOIS
ADVENTHEALTH GLENOAKS	GLENDALE HEIGHTS	ILLINOIS
ANMED HEALTH	ANDERSON	SOUTH CAROLINA
MARSHFIELD MEDICAL CENTER-WESTON	WESTON	WISCONSIN
BAPTIST HEALTH CORBIN	CORBIN	KENTUCKY
	CAPE MAY COURT HOUSE	NEW JERSEY
CAROLINA PINES REGIONAL MEDICAL CENTER	HARTSVILLE	SOUTH CAROLINA
	POMPTON PLAINS	NEW JERSEY

Institution Name	City	State
	MACON	GEORGIA
DAVIE MEDICAL CENTER	BERMUDA RUN	NORTH CAROLINA
DEPAUL HEALTH CENTER	BRIDGETON	MISSOURI
ASPIRUS DIVINE SAVIOR HOSPITAL	PORTAGE	WISCONSIN
EINSTEIN MEDICAL CENTER ELKINS PARK	ELKINS PARK	PENNSYLVANIA
	LA GRANDE	OREGON
HACKETTSTOWN MEDICAL CENTER	HACKETTSTOWN	NEW JERSEY
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA
	HIGH POINT	NORTH CAROLINA
	WARNER ROBINS	GEORGIA
KERSHAWHEALTH MEDICAL CENTER	CAMDEN	SOUTH CAROLINA
	LEXINGTON	NORTH CAROLINA
LINCOLNHEALTH	DAMARISCOTTA	MAINE
MEADVILLE MEDICAL CENTER	MEADVILLE	PENNSYLVANIA
MEMORIAL HEALTHCARE	OWOSSO	MICHIGAN
ASCENSION NE WISCONSIN ¿ MERCY CAMPUS	OSHKOSH	WISCONSIN
MERCY MEDICAL CENTER MERCED	MERCED	CALIFORNIA
NEWTON MEDICAL CENTER	NEWTON	NEW JERSEY
NORTHERN DUTCHESS HOSPITAL	RHINEBECK	NEW YORK
	SUMTER	SOUTH CAROLINA
PEN BAY MEDICAL CENTER	ROCKPORT	MAINE
PENN HIGHLANDS HEALTHCARE - DUBOIS	DUBOIS	PENNSYLVANIA
PERRY HOSPITAL	PERRY	GEORGIA
REID HOSPITAL & HEALTH CARE SERVICES	RICHMOND	INDIANA
	ABERDEEN	SOUTH DAKOTA
	ABERDEEN BISMARCK	SOUTH DAKOTA NORTH DAKOTA
SARAH BUSH LINCOLN HEALTH CENTER		
SARAH BUSH LINCOLN HEALTH CENTER	BISMARCK	NORTH DAKOTA
SARAH BUSH LINCOLN HEALTH CENTER SOUTHERN OHIO MEDICAL CENTER	BISMARCK MATTOON	NORTH DAKOTA
	BISMARCK MATTOON GREENWOOD	NORTH DAKOTA ILLINOIS SOUTH CAROLINA
SOUTHERN OHIO MEDICAL CENTER	BISMARCK MATTOON GREENWOOD PORTSMOUTH	NORTH DAKOTA ILLINOIS SOUTH CAROLINA OHIO WISCONSIN KENTUCKY
SOUTHERN OHIO MEDICAL CENTER ST. CLARE HOSPITAL - BARABOO	BISMARCK MATTOON GREENWOOD PORTSMOUTH BARABOO	NORTH DAKOTA ILLINOIS SOUTH CAROLINA OHIO WISCONSIN
SOUTHERN OHIO MEDICAL CENTER ST. CLARE HOSPITAL - BARABOO ST. ELIZABETH HEALTHCARE	BISMARCK MATTOON GREENWOOD PORTSMOUTH BARABOO EDGEWOOD	NORTH DAKOTA ILLINOIS SOUTH CAROLINA OHIO WISCONSIN KENTUCKY MISSOURI ILLINOIS
SOUTHERN OHIO MEDICAL CENTER ST. CLARE HOSPITAL - BARABOO	BISMARCK MATTOON GREENWOOD PORTSMOUTH BARABOO EDGEWOOD MARYVILLE	NORTH DAKOTA ILLINOIS SOUTH CAROLINA OHIO WISCONSIN KENTUCKY MISSOURI ILLINOIS MISSOURI
SOUTHERN OHIO MEDICAL CENTER ST. CLARE HOSPITAL - BARABOO ST. ELIZABETH HEALTHCARE	BISMARCK MATTOON GREENWOOD PORTSMOUTH BARABOO EDGEWOOD MARYVILLE SPRINGFIELD	NORTH DAKOTA ILLINOIS SOUTH CAROLINA OHIO WISCONSIN KENTUCKY MISSOURI ILLINOIS
SOUTHERN OHIO MEDICAL CENTER ST. CLARE HOSPITAL - BARABOO ST. ELIZABETH HEALTHCARE ST. MARY¿S HOSPITAL - JEFFERSON CITY	BISMARCK MATTOON GREENWOOD PORTSMOUTH BARABOO EDGEWOOD MARYVILLE SPRINGFIELD JEFFERSON CITY	NORTH DAKOTA ILLINOIS SOUTH CAROLINA OHIO WISCONSIN KENTUCKY MISSOURI ILLINOIS MISSOURI ILLINOIS WISCONSIN
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Institution Name	City	State
ADVENTHEALTH OTTAWA	OTTAWA	KANSAS
ADVENTHEALTH SOUTH OVERLAND PARK	OVERLAND PARK	KANSAS
ARH ADVANCED CARE ¿ BIG SANDY	SOUTH WILLIAMSON	KENTUCKY
ARH ADVANCED CARE ¿ KENTUCKY RIVER	HAZARD	KENTUCKY
ARH OUR LADY OF THE WAY	MARTIN	KENTUCKY
ARMSTRONG COUNTY MEMORIAL HOSPITAL	KITTANNING	PENNSYLVANIA
BAPTIST HEALTH DEACONESS MADISONVILLE	MADISONVILLE	KENTUCKY
BAPTIST MEDICAL CENTER - NASSAU	FERNANDINA BEACH	FLORIDA
BARBOURVILLE ARH HOSPITAL	BARBOURVILLE	KENTUCKY
BECKLEY ARH HOSPITAL	BECKLEY	WEST VIRGINIA
BON SECOURS ST. FRANCIS HOSPITAL	CHARLESTON	SOUTH CAROLINA
	FREEHOLD	NEW JERSEY
CHICKASAW NATION MEDICAL CENTER	ADA	OKLAHOMA
COLLETON MEDICAL CENTER	WALTERBORO	SOUTH CAROLINA
COX MEDICAL CENTER BRANSON	BRANSON	MISSOURI
CUMBERLAND MEDICAL CENTER	CROSSVILLE	TENNESSEE
FORT LOUDOUN MEDICAL CENTER	LENOIR CITY	TENNESSEE
FORT SANDERS REGIONAL MEDICAL CENTER	KNOXVILLE	TENNESSEE
HAMPTON REGIONAL MEDICAL CENTER	VARNVILLE	SOUTH CAROLINA
HARLAN ARH HOSPITAL	HARLAN	KENTUCKY
HAZARD ARH REGIONAL MEDICAL CENTER	HAZARD	KENTUCKY
HIGHLANDS ARH REGIONAL MEDICAL CENTER	PRESTONSBURG	KENTUCKY
HSHS ST. MARY'S HOSPITAL - DECATUR	DECATUR	ILLINOIS
KNOX COMMUNITY HOSPITAL	MOUNT VERNON	OHIO
LANCASTER MEDICAL CENTER		SOUTH CAROLINA
LECONTE MEDICAL CENTER	SEVIERVILLE	TENNESSEE
LEHIGH VALLEY HOSPITAL HAZLETON	HAZLETON	PENNSYLVANIA
LEHIGH VALLEY HOSPITAL HAZLETON	EASTON	PENNSYLVANIA
LEHIGH VALLEY HOSPITAL SCHUYLKILL	POTTSVILLE	PENNSYLVANIA
MARY BRECKINRIDGE ARH HOSPITAL	HYDEN	KENTUCKY
MARY WASHINGTON HOSPITAL	FREDERICKSBURG	
		VIRGINIA
MCDOWELL ARH HOSPITAL MEMORIAL SATILLA HEALTH	MCDOWELL WAYCROSS	GEORGIA
METHODIST MEDICAL CENTER OF OAK RIDGE	OAK RIDGE	
MIDDLESBORO ARH HOSPITAL	MIDDLESBORO	TENNESSEE
MIDDLESBORD ARH HOSPITAL MORGAN COUNTY ARH HOSPITAL	WEST LIBERTY	KENTUCKY
MORGAN COUNTY ARH HOSPITAL MORRISTOWN-HAMBLEN HOSPITAL	MORRISTOWN	TENNESSEE
MUSC HEALTH COLUMBIA MEDICAL CENTER DOWNTOWN	COLUMBIA	SOUTH CAROLINA
PARKWEST MEDICAL CENTER	KNOXVILLE	TENNESSEE
PARRIVEST MEDICAL CENTER PUTNAM HOSPITAL CENTER	CARMEL	NEW YORK
ROANE MEDICAL CENTER	HARRIMAN	TENNESSEE
ROPER ST. FRANCIS BERKELEY HOSPITAL	MONCKS CORNER	SOUTH CAROLINA
ROPER ST. FRANCIS BERKELET HOSPITAL	MOUNT PLEASANT	SOUTH CAROLINA
SALEM REGIONAL MEDICAL CENTER	SALEM	OHIO
SHARON HOSPITAL	SALEIVI	CONNECTICUT
SSM HEALTH ST. CLARE HOSPITAL - FENTON	FENTON	MISSOURI
SSM HEALTH ST. CLARE HOSPITAL - PENTON SSM HEALTH ST. MARY'S HOSPITAL - ST. LOUIS	RICHMOND HEIGHTS	MISSOURI

Institution Name	City	State
STAFFORD HOSPITAL	STAFFORD	VIRGINIA
SUMMERS COUNTY ARH HOSPITAL	HINTON	WEST VIRGINIA
TEXAS HEALTH HUGULEY HOSPITAL	BURLESON	TEXAS
THE REGIONAL MEDICAL CENTER	ORANGEBURG	SOUTH CAROLINA
TRUMAN MEDICAL CENTER HOSPITAL HILL	KANSAS CITY	MISSOURI
TUG VALLEY ARH REGIONAL MEDICAL CENTER	SOUTH WILLIAMSON	KENTUCKY
WHITESBURG ARH HOSPITAL	WHITESBURG	KENTUCKY

## **Email Address**

Please contact at: francis.ntimba.hh@hicuityhealth.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
ARIZONA	MD
CALIFORNIA	MD
GEORGIA	MD
ILLINOIS	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	MD
MARYLAND	MD
MAINE	MD
MICHIGAN	MD
MISSOURI	MD
NORTH CAROLINA	MD
NORTH DAKOTA	MD
NEW JERSEY	MD
NEW MEXICO	MD
NEW YORK	MD
OHIO	MD
OKLAHOMA	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
WISCONSIN	MD
WEST VIRGINIA	MD
CONNECTICUT	MD
IDAHO	MD
RHODE ISLAND	MD

## 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
MAKERERE UNIVERSITY	MBBS	10/7/1985 - 6/30/1990	06/30/1990

## **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
SAINT LUKE'S ROOSEVELT HOSPITAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	07/01/1994	07/01/1995
SAINT LUKE'S ROOSEVELTH HOSPITAL CENTER	I RESIDENCY	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	07/01/1994	06/30/1997
BETH ISRAEL MEDICAL CENTER	FELLOWSHIP	IM - PULMONARY DISEASE AND CRITICAL CARE		NEW YORK	NEW YORK	07/01/1997	06/30/2000

## 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/20/1997
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	11/03/1999
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CRITICAL CARE MEDICINE	11/08/2000

## **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.

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 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**

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.