#### **SUBHA RAMAN**

# License Number: ME108537

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 02/01/1996
License Expiration 01/31/2027

Date

## General Information

### **Primary Practice Address**

SUBHA RAMAN 3402 W DR MARTIN LUTHER KING J TAMPA, FL 33607

#### Medicaid

This practitioner DOES participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: LICENSING@FLCANCER.COM

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL
CONNECTICUT	MEDICAL
MASSACHUSETTS	MEDICAL

#### 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
GRANT MED. COLLEGE, UNIV.OF BOMBAY	MBBS	8/1/1990 - 1/1/1995	12/03/1996

### **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
GRANT MEDICAL COLEGE AND JJ GROUP OF HOSPITALS	MUMBAI	INDIA	02/01/1996	02/01/1998	DIPLOMA IN MEDICAL RADIOLOGY & DIAGNOSIS

### **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
UNIV OF PITTSBURGH MEDICAL CENTER SHADYSIDE HOSP	RESIDENCY	IM - INTERNAL MEDICINE	FAMILY PRACTICE	PITTSBURGH	PENNSYLVANIA	07/01/1999	06/30/2000
WILLIAM BEAUMONT HOSPITAL	RESIDENCY	NM - NUCLEAR MEDICINE		ROYAL OAK	MICHIGAN	07/01/2000	06/30/2002
UNIV OF PITTSBURGH MEDICAL CTR PRESBYTERIA HOSP	FELLOWSHIP	DIAGNOSTIC IMAGING	NUCEAR MEDICINE RADIOLOGY	PITTSBURGH	PENNSYLVANIA	07/01/2002	06/30/2003
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL	FELLOWSHIP	DR - RADIOLOGY	ABDOMINAL IMAGING	WORCESTER	MASSACHUSETTS	01/03/2006	08/20/2006
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL	FELLOWSHIP	DR - RADIOLOGY	MRI	WORCESTER	MASSACHUSETTS	08/21/2009	02/26/2010
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL	FELLOWSHIP		VASCULAR AND INTERVENTIONAL RADIOLOGY	WORCESTER	MASSACHUSETTS	08/21/2006	08/20/2007
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL	FELLOWSHIP	DR - RADIOLOGY	MRI	WORCESTER	MASSACHUSETTS	08/21/2007	08/20/2008
UNIVESITY OF MASSACHUSETTS MEDICAL SCHOOL	FELLOWSHIP	DR - RADIOLOGY	NEURORADIOLOGY	WORCESTER	MASSACHUSETTS	08/21/2008	08/20/2009

# **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 NUCLEAR MEDICINE	DR - DIAGNOSTIC RADIOLOGY	11/01/2002
AMERICAN BOARD OF RADIOLOGY	NM - NUCLEAR MEDICINE	

# Financial Responsibility

#### **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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 an affiliation with the following committees:

AMERICAN ROENTGEN RAY SOCIETY

#### **Professional or Community Service Awards**

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

#### **Publications**

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

Title	Publication	Date
EVALUATING Y90 GLASS MICROSPHERE TREATMENT	EUROPEAN J NUCLEAR MEDICINE	06/01/2002
WHOLE-BODY PET/CT SPECTRUM OF PHYSIOLOGICAL	. NUCLEAR MEDICINE COMMUNICATIONS	08/01/2005
GIANT COLONIC DIVERTICULUM:PERCUTANEOUS	JOURNAL OF COMPUTER ASSISTED TOMOGRAPHY	04/01/2008
SOLID VISCERAL BIOPSIES: HOW TO PREVENT COMPLICATIONS	POSTER PUBLICATION AT ANN. MTG. RSNA	01/01/2006
CONGENTIAL TORTICOLLIS CAUSED BY UNILATERAL ABSENCE	PEDIATRIC RADIOLOGY	01/01/2009

#### **Professional Web Page**

WWW.FLCANCER.COM

#### **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

**TAMIL** 

#### **Other Affiliations**

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