



CHUONG MINH LE

License Number: ME112743

Profession Medical Doctor  
License Status DELINQUENT/  
Year Began Practicing 01/17/2011  
License Expiration 01/31/2024  
Date

General Information

Primary Practice Address

CHUONG MINH LE  
336 22ND AVE NORTH  
NASHVILLE, TN 37203

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
MEMORIAL HOSPITAL OF TAMPA	TAMPA	FLORIDA
ST JUDE HOSPITAL	FULLERTON	CALIFORNIA
SHRINERS HOSPITAL FOR CHILDREN	GREENVILLE	SOUTH CAROLINA
ST MARYS REGIONAL MEDICAL CENTER	RENO	NEVADA
SKYLINE MEDICAL CENTER	NASHVILLE	TENNESSEE
LOURDES HOSPITAL	PADUCAH	KENTUCKY
EAST COOPER MEDICAL CENTER	MT PLEASANT	SOUTH CAROLINA
TACOMA GENERAL HOSPITAL	TACOMA	WASHINGTON
ALLENMORE HOSPITAL	TACOMA	WASHINGTON
MARY BRIDGES CHILDREN'S HOSPITAL	TACOMA	WASHINGTON
GOOD SAMARITAN HOSPITAL	PUYALLUP	WASHINGTON
BANNER CHURCHILL COMMUNITY HOSPITAL	FALLON	NEVADA
KADLEC MEDICAL CENTER	RICHMOND	WASHINGTON
MERCY GENERAL HOSPITAL	SACRAMENTO	CALIFORNIA
SUTTER GENERAL HOSPITAL	SAACRAMENTO	CALIFORNIA
GOOD SAMARITAN MEDICAL CENTER	LAFAYETTE	COLORADO
MERCY SAN JUAN MEDICAL CENTER	CARMICHAEL	CALIFORNIA
GARDEN PARK MEDICAL CENTER	GULFPORT	MISSISSIPPI
HENRICOS DOCTORS HOSPITAL	RICHMOND	VIRGINIA
CJW HOSPITALS	RICHMOND	VIRGINIA
SPOTSYLVANIA HOSPITAL	FREDRICKSBURG	VIRGINIA
TEMPLE UNIVERSITY HOSPITAL	PHILADELPHIA	PENNSYLVANIA
BILOXI REGIONAL HOSPITAL	BILOXI	MISSISSIPPI
BAYLOR SURGICAL HOSPITAL	FORT WORTH	TEXAS

Institution Name	City	State
HUNTINGTON HOSPITAL	HUNTINGTON	NEW YORK
FRANKLIN HOSPITAL	VALLEY STREAM	NEW YORK
UNIVERSITY MEDICAL CENTER	LUBBOCK	TEXAS
CENTENNIAL HILLS HOSPITAL	LAS VEGAS	NEVADA
FAIRBANKS MEMORIAL HOSPITAL	FAIRBANKS	ALASKA
SISTERS OF CHARITY HOSPITALS	BUFFALO	NEW YORK
KENMORE MERCY HOSPITAL	KENMORE	NEW YORK
ST THOMAS HOSPITALS	NASHVILLE	TENNESSEE
CARSON TAHOE HOSPITAL	CARSON CITY	NEVADA
MERCY HOSPITAL FORT SMITH	FORT SMITH	ARKANSAS
YUMA REGIONAL MEDICAL CENTER	YUMA	ARIZONA
POUDRE VALLEY HOSPITAL	FT COLLINS	COLORADO
MEDICAL CENTER OF THE ROCKIES	LOVELAND	COLORADO
LEGACY SALMON CREEK MEDICAL CENTER	VANCOUVER	WASHINGTON
VA PUGET SOUND HEALTHCARE	SEATTLE	WASHINGTON
NORTHERN NV MEDICAL CENTER	SPARKS	NEVADA
ST BERNARD MEDICAL CENTER	JONESBORO	ARKANSAS
CLARK MEMORIAL HOSPITAL	JEFFERSON	INDIANA
MCKEE MEDICAL CENTER	LOVELAND	COLORADO
PROVIDENCE ST VINCENT'S MEDICAL CENTER	PORTLAND	OREGON
BEACH DISTRICT SURGERY CENTER	REDONDO BEACH	CALIFORNIA
LEGACY MERIDIAN PARK MEDICAL CENTER	TUALATIN	OREGON
LEGACY GOOD SAMARITAN MEDICAL CENTER	PORTLAND	OREGON
PHYSICIAN SURGERY CENTER	DURANGO	COLORADO
OKLAHOMA SPINE HOSPITAL	OKLAHOMA CITY	OKLAHOMA
SWEDISH COVENANT HOSPITAL	CHICAGO	ILLINOIS
SPARKS REGIONAL MEDICAL CENTER	FORT SMITH	ARKANSAS
NORTON HOSPITALS	LOUISVILLE	KENTUCKY
LEGACY EMANUEL MEDICAL CENTER	PORTLAND	OREGON
ST JOSEPH MEDICAL CENTER	DENVER	COLORADO
PROVIDENCE PORTLAND MEDICAL CENTER	PORTLAND	OREGON
PROVIDENCE ST MARY'S MEDICAL CENTER	WALLA WALLA	WASHINGTON
MEDICAL CENTER, NAVICENT HEALTH	MACON	GEORGIA
MERCY HOSPITAL NORTHWEST AR	ROGERS	ARKANSAS
SKYRIDGE MEDICAL CENTER	LONE TREE	COLORADO
ROSE MEDICAL CENTER	DENVER	COLORADO
NORTH SUBURBAN MEDICAL CENTER	THORNTON	COLORADO
THE MEDICAL CENTERS OF AURORA	AURORA	COLORADO
CENTENNIAL MEDICAL PLAZA	CENTENNIAL	COLORADO
GARDENS REGIONAL MEDICAL CENTER	HAWAIIAN GARDENS	CALIFORNIA
ST CATHERINE OF SIENA MEDICAL CENTER	SMITHTOWN	NEW YORK
PROVIDENCE LITTLE COMPANY OF MARY	TORRANCE	CALIFORNIA
KOSAIR CHILDREN'S HOSPITAL	LOUISVILLE	KENTUCKY

## Email Address

Please contact at: [lelc@rtnassociates.com](mailto:lelc@rtnassociates.com)

## Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
KENTUCKY	MEDICAL
CALIFORNIA	MEDICAL
TENNESSEE	MEDICAL
TEXAS	MEDICAL
MICHIGAN	MEDICAL
MARYLAND	MEDICAL
WASHINGTON	MEDICAL
ARIZONA	MEDICAL
NEVADA	MEDICAL
NEW YORK	MEDICAL
VIRGINIA	MEDICAL
NEW JERSEY	MEDICAL
SOUTH CAROLINA	MEDICAL
ALASKA	MEDICAL
UTAH	MEDICAL
ARKANSAS	MEDICAL
CONNECTICUT	MEDICAL
PENNSYLVANIA	MEDICAL
OREGON	MEDICAL
INDIANA	MEDICAL
HAWAII	MEDICAL
GEORGIA	MEDICAL
COLORADO	MEDICAL
OKLAHOMA	MEDICAL
MISSISSIPPI	MEDICAL
MISSOURI	MEDICAL
MONTANA	MEDICAL
LOUISIANA	MEDICAL
IDAHO	MEDICAL
ILLINOIS	MEDICAL
NEW MEXICO	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 not indicated whether he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST. GEORGE'S UNIVERSITY	MD	1/1/2001 - 6/1/2005	06/01/2005

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 CALIFORNIA-SAN DIEGO	LA JOLLA	CALIFORNIA	09/01/1997	08/01/2000	BA - BIOLOGY

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
BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/2005	06/30/2006
UNIVERSITY OF LOUISVILLE	RESIDENCY	N - NEUROLOGY		LOUISVILLE	KENTUCKY	11/01/2006	06/30/2010
UNIVERSITY OF LOUISVILLE	FELLOWSHIP	N - CLINICAL NEUROPHYSIOLOGY	EPILEPSY AND NEUROMUSCULAR MEDICINE	LOUISVILLE	KENTUCKY	07/01/2010	12/30/2010

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 PSYCHIATRY AND NEUROLO	N - NEUROLOGY	

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
12/14/2012	OUT OF STATE	805240/2015	11/20/2020	\$300,000.00	\$0.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

AMERICAN MEDICAL ASSOCIATION

AMERICAN ACADEMY OF NEUROLOGY

AMERICAN SOCIETY OF NEUROPHYSIOLOGIC MONITORING

### 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 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.

VIETNAMESE

### **Other Affiliations**

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