



BARBARA ANNE NEWMAN

License Number: ME114944

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/1994
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

BARBARA ANNE NEWMAN
11650 HORIZON RD
PARKLAND, FL 33076

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
ST. JOSEPH'S HOSPITAL HEALTH CENTER	SYRACUSE	NEW YORK
ALAMANCE REGIONAL MED CTR	BURLINGTON	NORTH CAROLINA
ARIA HEALTH-FRANKFORD CAMPUS	PHILADELPHIA	PENNSYLVANIA
ARKANSAS SURGICAL HOSP	NORTH LITTLE ROCK	ARKANSAS
ATCHISON HOSP	ATCHISON	KANSAS
BASSETT MED CTR	COOPERSTOWN	NEW YORK
BAYLOR MED CTR AT TROPHY CLUB	TROPHY CLUB	TEXAS
BON SECOURS COMM HOSP	PT. JERVIS	NEW YORK
BROOKLYN HOSP CTR	BROOKLYN	NEW YORK
CENTRAL TEXAS MED CTR	SAN MARCOS	TEXAS
CHAMBERSBURG HOSP	CHAMBERSBURG	PENNSYLVANIA
CHRISTUS SPOHN HOSP BEEVILLE	BEEVILLE	TEXAS
CHRISTUS SPOHN HOSP KLEBERG	KINGSVILLE	TEXAS
CHRISTUS SPOHN HOSP MEM	CORPUS CHRISTI	TEXAS
COBLESKILL REG HOSP	COBLESKILL	NEW YORK
CONEMAUGH HEALTH SYS MEM MED CTR	JOHNSTOWN	PENNSYLVANIA
CTCA AT EASTERN REG MED CTR	PHILDELPHIA	PENNSYLVANIA
CUERO COMM HOSP	CUERO	TEXAS
DYERSBURG REG MED CTR-CHS	DYERSBURG	TENNESSEE
EASTERN LONG ISLAND HOSP	GREENPORT	NEW YORK
EASTON HOSP	EASTON	PENNSYLVANIA
EPHRATA COMM HOSP	EPHRATA	PENNSYLVANIA
EXCELA FRICK HOSP	MT. PLEASANT	PENNSYLVANIA
EXCELA LATROBE HOSP	MT. PLEASANT	PENNSYLVANIA

Institution Name	City	State
EXCELA WESTMORELAND HOSP	MT. PLEASANT	PENNSYLVANIA
EXCELA WESTMORELAND HOSP AT JEANNETTE	MT. PLEASANT	PENNSYLVANIA
GALICHIA HEART HOSP	WICHITA	KANSAS
GATEWAY MED CTR-CHS	CLARKSVILLE	TENNESSEE
GLENS FALLS HOSP	GLENS FALLS	NEW YORK
HAMILTION MED CTR	DALTON	GEORGIA
HAYS MED CTR	HAYS	KANSAS
HENDRICK MED CTR	ABILENE	TEXAS
HILLCREST BAPTIST MED CTR	WACO	TEXAS
HUDSON VALLEY HOSP CTR	CORTLANDT MANOR	NEW YORK
JEANES HOSP	PHILADELPHIA	PENNSYLVANIA
LABETTE HEATLH	PARSONS	KANSAS
LAKE GRANBURY MED CTR	GRANBURY	TEXAS
LANDMARK MED CTR	WOONSOCKET	RHODE ISLAND
LAWRENCE HOSP CTR	BRONXVILLE	NEW YORK
LITTLE FALLS HOSP	LITTLE FALLS	NEW YORK
LOURDES HOSP	BINGHAMTON	NEW YORK
LOWER BUCKS HOSP	BRISTOL	PENNSYLVANIA
MCGEHEE HOSP INC	MCGEHEE	ARKANSAS
MEM HEALTH SYSTEM OF EAST TEXAS	LUFKIN	TEXAS
MERCY HEALTH CTR-FT. SCOTT	FT. SCOTT	KANSAS
MEYERSDALE MED CTR	MEYERSDALE	PENNSYLVANIA
MIDLAND MEM HOSP - MIDLAND	MIDLAND	TEXAS
MT. NITANY MED CTR	STATE COLLEGE	PENNSYLVANIA
MT. SAINT MARYS HOSP	LEWISTON	NEW YORK
O CONNOR HOSP	DELHI	NEW YORK
PAWNEE VALLEY COMM HOSP	LARNED	KANSAS
PHOEBE PUTNEY MEM HOSP	ALBANY	GEORGIA
REGIONAL HOSP OF SCRANTON	SCRANTON	PENNSYLVANIA
RICHMOND UNIV MED CTR	STATEN ISLAND	NEW YORK
ST. JOSEPH'S MED CTR	YONKERS	NEW YORK
SISTERS OF CHARITY HOSP-BUFFALO	BUFFALO	NEW YORK
SOUTH NASSAU COMM HOSP	OCEANSIDE	NEW YORK
ST. FRANCIS HOSP - GA	COLUMBUS	GEORGIA
ST. PAUL UNIV HOSP	DALLAS	TEXAS
ST. MARK'S MED CTR	LA GRANGE	TEXAS
TRI TOWN REG HOSP	SIDNEY	NEW YORK
TYLER MEM HOSP	TUNKHANNOCK	PENNSYLVANIA
UVALDE MEM HOSP	UVALDE	TEXAS
VIA CHRISTI RMC SFC	WICHITA	KANSAS
WALDO CTY GEN HOSP	BELFAST	MAINE
WAYNESBORO HOSP	WAYNESBORO	PENNSYLVANIA
WEST GEORGIA HEALTH SYSTEM	LAGRANGE	GEORGIA
WILSON MED CTR	NEODESHA	KANSAS
WINDBER MED CTR	WINDBER	PENNSYLVANIA
WYCKOFF HEIGHTS MED CTR	BROOKLYN	NEW YORK
YOAKUM CTY HOSP	DENVER CITY	TEXAS

Institution Name	City	State
ZALE LIPSHY UNIV HOSP	DALLAS	TEXAS

Email Address

Please contact at: **barbnewmanmd@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALASKA	MEDICAL
ARKANSAS	MEDICAL
GEORGIA	MEDICAL
IDAHO	MEDICAL
KANSAS	MEDICAL
KANSAS	MEDICAL
RHODE ISLAND	MEDICAL
TENNESSEE	MEDICAL
MAINE	MEDICAL
NORTH CAROLINA	MEDICAL
NEW YORK	MEDICAL
OREGON	MEDICAL
PENNSYLVANIA	MEDICAL
TEXAS	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
STATE UNIVERSITY NY-SYRACUSE	MD	9/1/1990 - 5/1/1994	05/01/1994

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
ADELPHI UNIVERSITY	GARDEN CITY	NEW YORK	09/01/1985	01/31/1989	BS - BACHELOR OF SCIENCE

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
STATE UNIVERSITY NY-SYRACUSE	INTERNSHIP	GS - SURGERY		SYRACUSE	NEW YORK	07/01/1994	06/01/1996
STATE UNIVERSITY NY-SYRACUSE	RESIDENCY	RADIOLOGY		SYRACUSE	NEW YORK	07/01/1996	06/01/2000

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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	05/17/2000

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](#).

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
06/09/2019			06/09/2019	\$1,000,000.00	\$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

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.

