

**ARRA SURESH REDDY****License Number: ME118465**

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 06/06/1994  
License Expiration 01/31/2026  
Date

**General Information****Primary Practice Address**

ARRA SURESH REDDY  
208 INDIAN TRAIL ROAD  
OAK BROOK, IL 60523

**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
BANNER GOOD SAMARITAN MEIDCAL CENTER	PHOENIX	ARIZONA
BAPTIST-MEMORIAL HOSPITAL-UNION CITY	UNION CITY	TENNESSEE
BINGHAMTON GENERAL HOSPITAL	JOHNSON CITY	NEW YORK
BOWIE MEMORIAL HOSPITAL	BOWIE	TEXAS
CATHOLIC MEDICAL CENTER	MANCHESTER	NEW HAMPSHIRE
CHARLEVOIX AREA HOSP	CHARLEVOIX	MICHIGAN
CHRISTUS ST. MICHAEL HEALTH SYSTEM	TEXARKANA	TEXAS
CORNING HOSPITAL	CORNING	NEW YORK
DES PERES HOSP	ST. LOUIS	MISSOURI
DYERSBURG REG MED CTR-CHS	DYERSBURG	TENNESSEE
ELMHURST HOSP-ELMHURST, NY	ELMHURST	NEW YORK
ERLANGER MED CTR	CHATTANOOGA	TENNESSEE
FHN-FREEPORT HOSP	FREEPORT	ILLINOIS
GEISINGER WYOMING VALLEY MED (GWV)	WILKES-BARRE	PENNSYLVANIA
GREATER REG MED CTR	CRESTON	IOWA
HALIFAX REG MED CTR	ROANOKE RAPIDS	NORTH CAROLINA
INOVA ALEXANDRIA HOSP	ALEXANDRIA	VIRGINIA
INOVA MT. VERNON HOSP	ALEXANDRIA	VIRGINIA
KEWANEE HOSP	KEWANEE	ILLINOIS
LANDMARK MED CTR	WOONSOCKET	RHODE ISLAND
LAUDERDALE COMM HOSP	RIPLEY	TENNESSEE
LAWRENCE HOSP CTR	BRONXVILLE	NEW YORK
MARY GREELEY MED CTR	AMES	IOWA
OUR LADY OF FATIMA HOSP	NORTH PROVIDENCE	RHODE ISLAND

Institution Name	City	State
QUEENS HOSP CENTER	ELMHURST	NEW YORK
RIVERSIDE SHORE MEM HOSP	NASSAWADOX	VIRGINIA
ROGER WILLIAMS MED CTR	PROVIDENCE	RHODE ISLAND
RUSSELL CTY MED CTR-LEBANON VA	LEBANON	VIRGINIA
ST. ALEXIUS HOSP	ST. LOUIS	MISSOURI

## Email Address

Please contact at: [rednyaapi@gmail.com](mailto:rednyaapi@gmail.com)

## Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICAL
CONNECTICUT	MEDICAL
DELAWARE	MEDICAL
IOWA	MEDICAL
ILLINOIS	MEDICAL
KANSAS	MEDICAL
KANSAS	MEIDCAL
MASSACHUSETTS	MEDICAL
MICHIGAN	MEDICAL
MISSOURI	MEDICAL
NORTH CAROLINA	MEDICAL
NEW HAMPSHIRE	MEDICAL
NEW JERSEY	MEDICAL
NEVADA	MEDICAL
NEW YORK	MEDICAL
PENNSYLVANIA	MEDICAL
RHODE ISLAND	MEDICAL
TENNESSEE	MEDICAL
TEXAS	MEDICAL
VIRGINIA	MEDICAL
WASHINGTON	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
KAKATIYA MEDICAL COLLEGE	MBBS	9/1/1983 - 10/31/1988	10/31/1988

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
STONY BROOK UNIVERSITY SCHOOL OF HEALTH TECHNOLOGY	STONY BROOK	NEW YORK	09/03/1997	05/19/2004	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	City	State or Country	Dates Attended From	Dates Attended To
MAHATMA GANDHI MEMORIAL HOSPITAL	INTERNSHIP	OTHER	ROTATING	WARANGAL - ANDHRA PRADESH	INDIANA	12/16/1988	12/15/1989
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER	FELLOWSHIP	DR - NEURORADIOLOGY		SAN ANTONIO	TEXAS	06/06/1994	06/30/1995
SUNY AT STONY BROOK	FELLOWSHIP	DR - NEURORADIOLOGY		STONY BROOK	NEW YORK	07/01/1995	06/30/1997
SUNY AT STONY BROOK SCHOOL OF MEDICINE	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		STONY BROOK	NEW YORK	07/01/1997	06/30/2000
BETH ISRAEL DEACONESS	FELLOWSHIP	DR - VASCULAR AND INTERVENTIONAL RADIOLO		BOSTON	MASSACHUSETTS	07/01/2000	06/30/2001

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	11/01/2002
AMERICAN BOARD OF RADIOLOGY	DR - NEURORADIOLOGY	11/01/2004

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 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.

TELUGU

HINDI

**Other Affiliations**

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

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