



THOMAS HELLAR KALB

License Number: ME117426

Profession Medical Doctor
License Status Vol Relinquish/
Year Began Practicing 01/01/1983
License Expiration 01/31/2020
Date

General Information

Primary Practice Address

THOMAS HELLAR KALB
315 RIVERSIDE DRIVE
APARTMENT 11D
NEW YORK CITY, NY 10025

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
ADVANCED ICU CARE	ST. LOUIS	MISSOURI
SOUTHERN REGIONAL MEDICAL CENTER	RIVERDALE	GEORGIA
ALBERT EINSTEIN MEDICAL CENTER	PHILADELPHIA	PENNSYLVANIA
TIFT REGIONAL MEDICAL CENTER	TIFTON	GEORGIA
SAINT MARYS GOOD SAMARITAN	CENTRALIA	ILLINOIS
HOUSTON MEDICAL CENTER	WARNER ROBINS	GEORGIA
MAYO CLINIC HEALTH SYSTEM	WAYCROSS	GEORGIA
HIGH POINT REGIONAL HEALTH SYSTEM	HIGH POINT	NORTH CAROLINA
TUOMEY HEALTHCARE SYSTEM	SUMTER	SOUTH CAROLINA
PERRY HOSPITAL	PERRY	GEORGIA
SAINT CLARES HOSPITAL & DIAGNOSTIC TREATMENT CENTER	WESTON	WISCONSIN
BARNES JEWISH WEST COUNTY HOSPITAL	ST. LOUIS	MISSOURI
ST. MARYS HEALTH CENTER	JEFFERSON CITY	MISSOURI
DIVINE SAVIOR HEALTHCARE	PORTAGE	WISCONSIN
SANFORD ABERDEEN MEDICAL CENTER	ABERDEEN	SOUTH DAKOTA
PRESBYTERIAN HOSPITAL-RUST MEDICAL CENTER	ALBUQUERQUE	NEW MEXICO
WAUKESHA MEMORIAL HOSPITAL	WAUKESHA	WISCONSIN
OCONOMOWOC MEMORIAL HOSPITAL	WAUKESHA	WISCONSIN
ROCKFORD MEMORIAL HOSPITAL	ROCKFORD	ILLINOIS
ANMED HEALTH	ANDERSON	SOUTH CAROLINA
MERCY MEDICAL CENTER MERCED	MERCED	CALIFORNIA
EINSTEIN MEDICAL CENTER MONTGOMERY	EAST NORRITON	PENNSYLVANIA
ST. FRANCIS EASTSIDE	GREENVILLE	SOUTH CAROLINA

Institution Name	City	State
AFFINITY HEALTH SYSTEM	OSHKOSH	WISCONSIN
MEMORIAL HOSPITAL AT GULFPORT	GULFPORT	MISSISSIPPI
SHORE MEMORIAL HOSPITAL	SOMERS POINT	NEW JERSEY

Email Address

Please contact at: tkalb.md@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
MISSISSIPPI	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
NEBRASKA	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
NEW MEXICO	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
OREGON	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
SOUTH DAKOTA	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR

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
PRINCETON UNIVERSITY	BACHELOR D	9/1/1975 - 6/12/1979	06/12/1979
COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS	MD	9/1/1979 - 5/17/1983	05/17/1983

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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
BETH ISRAEL DEAVONESS MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BOSTON	MASSACHUSETTS	07/01/1983	06/30/1985
MONTEFIORE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/1985	06/30/1986
MOUNT SINAI MEDICAL CENTER	FELLOWSHIP	PULMONARY MEDICINE		NEW YORK	NEW YORK	07/01/1986	06/30/1989

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE PROFESSOR DIRECTOR, MICU	MOUNT SINAI SCHOOL OF MEDICINE OF CITY U	NEW YORK	NEW YORK
ASSOCIATE PROFESSOR VISITING SCIENTIST	HOFSTRA UNIVERSITY SCHOOL OF MEDICINE	MANHASSET	NEW YORK

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	09/10/1986
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	11/01/1988
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CRITICAL CARE MEDICINE	11/07/1989

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 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.
