



QAZI FARHAN UDDIN

License Number: ME117793

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/2006
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

QAZI FARHAN UDDIN
1407 BALDERSTON CT NE
LEESBURG, VA 20176

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
BARROW REGIONAL MEDICAL CENTER	WINDER	GEORGIA
BLECKLEY MEMORIAL HOSPITAL	COCHRAN	GEORGIA
CALHOUN MEMORIAL HOSPITAL	ARLINGTON	GEORGIA
CANCER TREATMENT CENTERS OF AMERICA	NEWNAN	GEORGIA
CITIZENS MEDICAL CENTER HOSPITAL	RAYVILLE	LOUISIANA
COFFEE REGIONAL MEDICAL CENTER	DOUGLAS	GEORGIA
EAST CARROLL PARISH HOSPITAL-LAKE	RAYVILLE	LOUISIANA
EVANS MEMORIAL HOSPITAL	CLAXTON	GEORGIA
JACKSON PARISH HOSPITAL-JONESBORO	RAYVILLE	LOUISIANA
MILLER CTY HOSPITAL-COLQUITT	COLQUITT	GEORGIA
MONROE CTY HOSPITAL-FORSYTH	FORSYTH	GEORGIA
MOEHOUSE GENERAL HOSPITAL-BASTROP, LA	RAYVILLE	LOUISIANA
PARKLAND HEALTH AND HOSPITAL SYSTEM	DALLAS	TEXAS
PEACH REGIONAL MEDICAL CENTER	FORT VALLEY	GEORGIA
TAYLOR REGIONAL HOSPITAL	HAWKINSVILLE	GEORGIA
TYLER COUNTY HOSPITAL	WOODVILLE	TEXAS
UNION GENERAL HOSPITAL-FARMERVILLE	RAYVILLE	LOUISIANA

Email Address

Please contact at: dr.qazi.uddin@directradiology.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL
ILLINOIS	MEDICAL
LOUISIANA	MEDICAL
NEW JERSEY	MEDICAL
NEW YORK	MEDICAL
TEXAS	TEMPORARY (INACTIVE)
TEXAS	MEDICAL
VIRGINIA	MEDICAL
ALABAMA	
ARKANSAS	
ARIZONA	
CALIFORNIA	
CONNECTICUT	
IDAHO	
INDIANA	
KANSAS	
NORTH CAROLINA	
NEW HAMPSHIRE	
NEW MEXICO	
OREGON	
PENNSYLVANIA	
SOUTH CAROLINA	
UTAH	
WASHINGTON	
WISCONSIN	

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
UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL	MD	8/2/2002 - 5/24/2006	05/24/2006

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 MICHIGAN-ANN ARBOR	ANN ARBOR	MICHIGAN	09/03/1997	04/26/2001	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
UMDNJ ROBERT WOOD JOHNSON UNIV HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		NEW BRUNSWICK	NEW JERSEY	07/01/2006	06/30/2007
ST. LUKE'S ROOSEVELT HOSPITAL	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		NEW YORK	NEW YORK	07/01/2007	06/30/2011
NORTHWESTERN MEMORIAL HOSPITAL	FELLOWSHIP	OTHER	BODY IMAGING	CHICAGO	ILLINOIS	07/01/2011	06/30/2012

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	07/01/2011

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

Recordkeeping & 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
06/29/2019	OUT OF STATE		04/27/2020	\$900,000.00	\$0.00
06/21/2019			05/06/2024	\$750,000.00	\$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.