# HARISH SADANAND HOSALKAR

# License Number: ME118150

Profession Medical Doctor
License Status DELINQUENT/
Year Began Practicing 01/01/2004
License Expiration 01/31/2024

Date

# General Information

## **Primary Practice Address**

HARISH SADANAND HOSALKAR 2323 E 8TH STREET, SUITE 103 NATIONAL CITY, CA 91950

#### 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
SCRIPPS MERCY HOSPITAL SAN DIEGO AND CHULA VISTA, SHARP GROS	SAN DIEGO	CALIFORNIA

## **Email Address**

Please contact at: hhorthomd@gmail.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
WASHINGTON	PHYSICIAN AND SURGEON
NEVADA	MEDICAL DOCTOR
CALIFORNIA	PHYSICIAN AND SURGEON
PENNSYLVANIA	PHYSICIAN AND SURGEON

# 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
SETH G.S. MEDICAL COLLEGE		6/1/1989 - 12/1/1994	12/20/1995

# **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

## **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
UNIVERSITY OF PENNSYLVANIA	INTERNSHIP	GS - SURGERY	ORTHOPEDIC SURGERY	PHILADELPHIA	PENNSYLVANIA	06/01/2004	06/01/2005
UNIVERSITY OF PENNSYLVANIA	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		PHILADLEPHIA	PENNSYLVANIA	06/01/2005	06/01/2009

# **Academic Appointments**

### **Graduate Medical Education**

This practitioner has 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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	07/01/2012

# Financial Responsibility

# **Financial Responsibility**

Financial Exemption 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:

For instructions on how to order copies of final disciplinary actions, please click here.

#### View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	09/02/2020	OBLIGATIONS IMPOSED	

Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
PRACTICE RESTRICTION	9/2/2020			\$ 0.00	\$ 0.00
COSTS	9/2/2020	10/1/2020	9/29/2020	\$ 2,903.68	\$ 2,903.68
FINE	9/2/2020	10/1/2020	9/29/2020	\$ 2,500.00	\$ 2,500.00
UNENCUMBERED LICENSE	12/3/2021		12/3/2021	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MEDICAL BOARD OF CALIFORNIA	11/16/2018	PROBATION OF LICENSE	NO
PENNSYLVANIA MEDICAL BOARD	08/06/2019	PROBATION OF LICENSE	NO

# 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
AAOS ACHIEVEMENT AWARD 2017	OREF CAREER DEVELOPMENT AWARD 2010
DEFORREST WILLARD AWARD UPENN 2009	WILLIAM BORA AWARD 2009
JESSE NICHOLSON RESEARCH AWARD CHILDREN'S HOSPITAL OF PHIL	JAQUELINE PERRY AWARD ORA
TOP DOCTOR AWARD 2019	SAN DIEGO COUNTY MEDICAL SOCIETY
TOP DOCTOR AWARD 2018	SAN DIEGO COUNTY MEDICAL SOCIETY
TOP DOCTOR AWARD 2017	SAN DIEGO COUNTY MEDICAL SOCIETY
TOP DOCTOR AWARD 2016	SAN DIEGO COUNTY MEDICAL SOCIETY

# **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**

www.drhosalkar.com

# **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.

**SPANISH** 

**GUJARATI** 

HINDI

MARATHI

KONKANI

### **Other Affiliations**

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