



**BETH ANN FISHER**

License Number: ME122058

Profession Medical Doctor  
 License Status Vol Relinquish/  
 Year Began Practicing 01/01/2002  
 License Expiration 01/31/2021  
 Date

**General Information**

**Primary Practice Address**

BETH ANN FISHER  
 1210 MEADOW DRIVE  
 BLUE BELL, PA 19422

**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	SAINT LOUIS	MISSOURI
ADVENTIST MEDICAL CENTER BOLINGBROOK	BOLINGBROOK	ILLINOIS
ADVENTIST MEDICAL CENTER GLENOAKS	GLENDAL HEIGHTS	ILLINOIS
ANMED HEALTH	ANDERSON	SOUTH CAROLINA
ASCENSION ST. CLARE'S HOSPITAL	WESTON	WISCONSIN
BAPTIST HEALTH CORBIN	CORBIN	KENTUCKY
BOONE HOSPITAL CENTER	COLUMBIA	MISSOURI
CAPE REGIONAL MEDICAL CENTER	CAPE MAY COURT HOUSE	NEW JERSEY
CAROLINA PINES REGIONAL MEDICAL CENTER	HARTSVILLE	SOUTH CAROLINA
CENTRAL TEXAS MEDICAL CENTER	SAN MARCOS	TEXAS
CHILTON MEDICAL CENTER	POMPTON PLAINS	NEW JERSEY
COLISEUM NORTHSIDE HOSPITAL	MACON	GEORGIA
DAVIE MEDICAL CENTER	BERMUDA RUN	NORTH CAROLINA
DIVINE SAVIOR HEALTHCARE	PORTAGE	WISCONSIN
EINSTEIN MEDICAL CENTER ELKINS PARK	ELKINS PARK	PENNSYLVANIA
ADVENT HEALTH WINTER PARK, FL.	TAMPA	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	DELAND	FLORIDA
FLORIDA HOSPITAL FISH MEMORIAL	ORANGE CITY	FLORIDA
FLAGLER HOSPITAL	PALM COAST	FLORIDA
FLORIDA HOSPITAL HEARTLAND MEDICAL CENTER	SEBRING	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	NEW SMYRNA BEACH	FLORIDA
FLORIDA HOSPITAL NORTH PINELLAS	TARPON SPRINGS	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	ZEPHYRHILLS	FLORIDA
GORDON HOSPITAL	CALHOUN	GEORGIA

Institution Name	City	State
GRANDE RONDE HOSPITAL	LA GRANDE	OREGON
HACKETTSTOWN MEDICAL CENTER	HACKETTSTOWN	NEW JERSEY
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA
HIGH POINT REGIONAL MEDICAL CENTER	HIGH POINT	NORTH CAROLINA
HOUSTON MEDICAL CENTER	WARNER ROBINS	GEORGIA
KERSHAWHEALTH MEDICAL CENTER	CAMDEN	SOUTH CAROLINA
LEXINGTON MEDICAL CENTER	LEXINGTON	NORTH CAROLINA
LINCOLNHEALTH- MILES CAMPUS	DAMARISCOTTA	MAINE
MANCHESTER MEMORIAL HOSPITAL	MANCHESTER	KENTUCKY
MEADVILLE MEDICAL CENTER	MEADVILLE	PENNSYLVANIA
MEMORIAL HEALTHCARE	OWOSSO	MICHIGAN
MERCY MEDICAL CENTER - OSHKOSH	OSHKOSH	WISCONSIN
MERCY MEDICAL CENTER MERCED	MERCED	CALIFORNIA
METROPLEX ADVENTIST HOSPITAL	KILLEEN	TEXAS
NEWTON MEDICAL CENTER	NEWTON	NEW JERSEY
NORTHERN DUTCHESS HOSPITAL	RHINEBECK	NEW YORK
PALMETTO HEALTH TUOMEY	SUMTER	SOUTH CAROLINA
PARK RIDGE HEALTH	HENDERSONVILLE	SOUTH CAROLINA
PEN BAY MEDICAL CENTER	ROCKPORT	MAINE
PENN HIGHLANDS HEALTHCARE - DUBOIS	DUBOIS	PENNSYLVANIA
PERRY HOSPITAL	PERRY	GEORGIA
PUTNAM HOSPITAL CENTER	CARMEL	NEW YORK
REID HOSPITAL & HEALTH CARE SERVICES	RICHMOND	INDIANA
SANFORD ABERDEEN MEDICAL CENTER	ABERDEEN	SOUTH DAKOTA
SANFORD BISMARCK MEDICAL CENTER	BISMARCK	NORTH DAKOTA
SARAH BUSH LINCOLN HEALTH CENTER	MATTOON	ILLINOIS
SELF REGIONAL MEDICAL CENTER	GREENWOOD	SOUTH CAROLINA
SHAWNEE MISSION MEDICAL CENTER	SHAWNEE MISSION	KANSAS
SOUTHERN OHIO MEDICAL CENTER	PORTSMOUTH	OHIO
ST. CLARE HOSPITAL - BARABOO	BARABOO	WISCONSIN
ST. ELIZABETH HEALTHCARE	EDGEWOOD	KENTUCKY
ST. FRANCIS HOSPITAL - MARYVILLE	MARYVILLE	MISSOURI
ST. JOHN'S HOSPITAL	SPRINGFIELD	ILLINOIS
ST. MARY'S HOSPITAL - JEFFERSON CITY	JEFFERSON CITY	MISSOURI
ST. MARY'S HOSPITAL - CENTRALIA	CENTRALIA	ILLINOIS
ST. MARY'S HOSPITAL - JANESVILLE	JANESVILLE	WISCONSIN
ST. MARY'S REGIONAL MEDICAL CENTER	LEWISTON	MAINE
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	SHOW LOW	ARIZONA
TAKOMA REGIONAL HOSPITAL	GREENEVILLE	TENNESSEE
HOSPITAL OF FLORIDA	PORT ST. LUCIE	FLORIDA
UPPER VALLEY MEDICAL CENTER	TROY	OHIO
WALDO COUNTY GENERAL HOSPITAL	BELFAST	MAINE
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	MARYLAND
WILKES REGIONAL MEDICAL CENTER	NORTH WILKESBORO	NORTH CAROLINA
WINCHESTER MEDICAL CENTER	WINCHESTER	VIRGINIA

## Email Address

Please contact at: [bfisher002@gmail.com](mailto:bfisher002@gmail.com)

## Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
KANSAS	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
MARYLAND	MEDICAL DOCTOR
MAINE	MD
MICHIGAN	MD
MISSOURI	MD
NORTH CAROLINA	MD
NORTH DAKOTA	MD
NEW JERSEY	MD
NEW YORK	MD
OHIO	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
WISCONSIN	MD

## 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
UNIVERSITY OF PITTSBURGH	BACHELOR D	9/1/1993 - 4/26/1997	04/26/1997
JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIVERSITY	MD	8/31/1998 - 6/7/2002	06/07/2002

## 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
BROWN UNIVERSITY PROGRAM AT RHODE ISLAND HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PROVIDENCE	RHODE ISLAND	06/24/2002	06/30/2005
MOUNT SINAI MEDICAL CENTER	FELLOWSHIP	IM - CRITICAL CARE MEDICINE		NEW YORK	NEW YORK	07/01/2005	06/30/2008

## 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/01/2005
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	10/01/2007
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CRITICAL CARE MEDICINE	11/01/2008

## 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.

#### **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.

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