



FALGUNI S PATEL

License Number: OS12744

Profession Osteopathic Physician
License Status VOL RELINQ/
Year Began Practicing 01/01/2007
License Expiration 03/31/2018
Date

General Information

Primary Practice Address

FALGUNI S PATEL
227 ST. PAUL PLACE
BALTIMORE, MD 21202

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
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
ST. ANTHONY'S HOSPITAL	ST PETERSBURG	FLORIDA
MEMORIAL HOSPITAL OF TAMPA	TAMPA	FLORIDA
SANTA ROSA MEDICAL CENTER	MILTON	FLORIDA
SOUTH BALDWIN REGIONAL MEDICAL CENTER	FOLEY	ALABAMA
PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS	FLORIDA
NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW	FLORIDA
TWIN CITIES HOSPITAL	NICEVILLE	FLORIDA
MONROE COUNTY HOSPITAL	MONROEVILLE	ALABAMA
BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	FLORIDA

Email Address

Please contact at: falgunipatel830@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
DELAWARE	OSTEOPATHIC PHYSICIAN
PENNSYLVANIA	OSTEOPATHIC PHYSICIAN
MARYLAND	OSTEOPATHIC PHYSICIAN
DISTRICT OF COLUMBIA	OSTEOPATHIC PHYSICIAN
ALABAMA	DO
GEORGIA	OSTEOPATHIC MEDICINE

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
NEW YORK INSTITUTE OF TECHNOLOGY MAIN CA	BACHELOR D	9/1/2000 - 5/18/2003	05/18/2003
NEW YORK INSTITUTE COLLEGE OF OSTEOPATHIC MEDICINE	DO	8/18/2003 - 5/20/2007	05/20/2007

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
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	ROTATING INTERNSHIP	AOA APPROVED INTERNSHIP		WEST ISLIP	NEW YORK	06/25/2007	06/22/2008
CHRISTIANA CARE HOSPITAL	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		NEWARK	DELAWARE	07/01/2008	06/30/2012
THOMAS JEFFERSON UNIVERSITY HOSPITAL	FELLOWSHIP	DR - NEURORADIOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/2012	06/30/2013
MERCY MEDICAL CENTER	FELLOWSHIP	OTHER	BREAST IMAGING	BALTIMORE	MARYLAND	08/01/2013	07/31/2014

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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	07/01/2012

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

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 an affiliation with the following committees:

RADIOLOGICAL SOCIETY OF NORTH AMERICA
AMERICAN BOARD OF RADIOLOGY

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
OUTSTANDING ACHIEVEMENT IN ANATOMY	NYCOM
HONORS IN CLINICAL MEDICINE	NYCOM
HONORS IN GROSS ANATOMY	NYCOM
SUMMA CUM LAUDE	NYIT

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.SDIRAD.COM

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.