Florida HEALTH Department of Health

RIZWAN AFZAL ASSAD

License Number: ME136620

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028

General Information

Primary Practice Address

RIZWAN AFZAL ASSAD
1673 MASON AVENUE
SUITE 305
DAYTONA BEACH, FL 32117

Medicaid

This practitioner DOES 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. JOSEPH'S HOSPITAL	LUTZ	FLORIDA
ST. JOSEPH'S HOSPITAL	RIVERVIEW	FLORIDA
	MIAMI BEACH	FLORIDA
	WESLEY CHAPEL	FLORIDA
SOUTH FLORIDA BAPTIST HOSPITAL	PLANT CITY	FLORIDA
MUNROE REGIONAL MEDICAL CENTER	OCALA	FLORIDA
HALIFAX MEDICAL CENTER	DAYTONA BEACH	FLORIDA
OCALA REGIONAL MEDICAL CENTER	OCALA	FLORIDA
SEVEN RIVERS REGIONAL MEDICAL CENTER	CRYSTAL RIVER	FLORIDA
FLAGLER HOSPITAL	ST. AUGUSTINE	FLORIDA
NORTHEAST GEORGIA HEALTH SYSTEM	GAINESVILLE	GEORGIA
ST. FRANCIS-EMORY HEALTHCARE	COLUMBUS	GEORGIA
SENTARA HOSPITALS	WOODBRIDGE	VIRGINIA
TWIN COUNTY REGIONAL HOSPITAL	GALAX	VIRGINIA
SOVAH HEALTH - DANVILLE	DANVILLE	VIRGINIA
SOVAH HEALTH - MARTINSVILLE	MARTINSVILLE	VIRGINIA
GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER	ST. CROIX, USVI	
SCHNEIDER REGIONAL MEDICAL CENTER	ST. THOMAS, USVI	

Email Address

Please contact at: **rassad@radassociates.us**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	MEDICAL
VIRGIN ISL	MEDICAL
GEORGIA	MEDICAL
VIRGINIA	MEDICAL

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
UNIVERSITY OF SCIENCE, ARTS & TECHNOLOGY (USAT)		9/1/2009 - 4/1/2013	04/01/2013

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
MIAMI DADE COLLEGE	MIAMI	UNITED STATES	08/01/2002	05/30/2004	P.A. PHYSICIAN ASSISTANT

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
ORLANDO HEALTH	INTERNSHIP	GS - SURGERY		ORLANDO	FLORIDA	07/01/2013	06/30/2014
MOUNT SINAI MEDICAL CENTER	RESIDENCY	DR - RADIOLOGY		MIAMI BEACH	FLORIDA	07/01/2014	06/30/2018
UNIVERSITY OF FLORIDA	FELLOWSHIP	NRN - NEUROLOGY/DIAGNOSTIC RADIOLOGY/NEU		GAINESVILLE	FLORIDA	07/01/2018	06/30/2019

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	09/27/2019

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

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 an affiliation with the following committees:
AMERICAN COLLEGE OF RADIOLOGY
RADIOLOGICAL SOCIETY OF NORTH AMERICA
AMERICAN ROENTGEN RAY SOCIETY
FLORIDA RADIOLOGICAL SOCIETY
SOCIETY OF INTERVENTIONAL RADIOLOGY
Volusia County Medical Society

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CHIEF RESIDENT IN RADIOLOGY	MOUNT SINAI HOSPITAL

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

https://www.radiologyassociatesimaging.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 provided the following national, state, local, county, and professional affiliations:

Affiliation
BAYCARE HEALTH SYSTEMS
RADIOLOGY BUSINESS MANAGEMENT ASSOCIATION
SDI TELERADIOLOGY