



## RAMON HUGO SANCHEZ

### License Number: ACN395

Profession	Area of Critical Need Medical Doctor
License Status	Null And Void/
Year Began Practicing	02/01/2008
License Expiration Date	01/31/2018
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

RAMON HUGO SANCHEZ  
4600 N. HABANA AVENUE  
MEDICAL ARTS CENTER  
TAMPA, FL 33614  
ATTN: RAMON HUGO SANCHEZ, M.D., PA

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [drhrs@hotmail.com](mailto:drhrs@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PUERTO RICO	MEDICAL

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD CENTRAL DEL ESTE	MD	8/1/1989 - 12/1/1993	12/01/1993

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
SACRED HEART HOSPITAL	OTHER PROGRAM	PD - PEDIATRICS	FAMILY MEDICINE	ALLENTOWN	PENNSYLVANIA	04/01/2007	05/01/2007
HARBOR HOSPITAL	OTHER PROGRAM	IM - INTERNAL MEDICINE	HOSPITAL CARE	BALTIMORE	MARYLAND	08/01/2007	09/01/2007
MEMORIAL MEDICAL CENTER	OTHER PROGRAM	FAMILY PRACTICE	INTERNAL MEDICINE FAMILY PRACTICE	LAS CRUCES	NEW MEXICO	09/01/2007	10/01/2007
SANTA ROSA HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE	INTERNAL MEDICINE FAMILY PRACTICE	GUAYAMA	PUERTO RICO	02/01/2009	02/01/2010
SACRED HEART HOSPITAL	OTHER PROGRAM	FP - FAMILY PRACTICE	PEDIATRICS	ALLENTOWN	PENNSYLVANIA	04/01/2007	05/01/2007
HARBOR HOSPITAL	OTHER PROGRAM	IM - INTERNAL MEDICINE	INTERNAL MEDICINE FAMILY PRACTICE	BALTIMORE	MARYLAND	08/01/2007	09/01/2007
MEMORIAL MEDICAL CENTER	OTHER PROGRAM	FP - FAMILY PRACTICE	INTERNAL MEDICINE FAMILY PRACTICE	LAS CRUCES	NEW MEXICO	09/01/2007	10/01/2007
SANTA ROSA HOSPITAL	INTERNSHIP	IFP - INTERNAL MEDICINE/FAMILY PRACTICE	INTERNAL MEDICINE FAMILY PRACTICE	GUAYAMA	PUERTO RICO	02/01/2009	02/01/2010

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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), 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 selfinsurance as provided in s. 627.367, 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

#### 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:

AMA  
HCMA  
ABIME

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
ROLE IN NATIONAL CAMPAIGN FOR VACCINATION	SECRETARY OF STATE OF PUBLIC HEALTH SERVICES

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

drrhsanchezmd.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

Other Affiliations

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