



ISHWARI PRASAD

License Number: ME58761

Profession Medical Doctor
License Status PROBATION/Active
Year Began Practicing 08/01/1993
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

ISHWARI PRASAD
14447 UNIVERSITY COVE PL
TAMPA, FL 33613

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
UNIVERSITY COMMUNITY HOSPITAL	TAMPA	FLORIDA

Email Address

Please contact at: prasadishw@aol.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
UNIVERSIDAD AUTONOMA DE CIUDAD	MD	1/1/1981 - 1/1/1983	01/01/1983

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF NEWCASTLE UPON TYNE	NEWCASTLE	UNITED KINGDOM	01/01/1964	01/01/1967	PH.D. MICROBIOLOGY/IMMUNOLOGY

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 HOSPITAL SUNY HEALTH SCIENCE	INTERNSHIP	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	07/01/1983	12/31/1983
MEDICAL COLLEGE OF PENNSYLVANIA AND HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PENNSYLVANIA	PENNSYLVANIA	07/01/1984	06/30/1986
CHILDRENS HOSPITAL	FELLOWSHIP	PD - PEDIATRICS		PENNSYLVANIA	PENNSYLVANIA	07/01/1986	06/30/1987
UNIVERSITY HOSPITAL SUNY STONE	FELLOWSHIP	IM - GASTROENTEROLOGY		NEW YORK	NEW YORK	07/01/1987	06/30/1988
ROBERT JOHNSON MEDICAL SCHOOL AFFILIATED HOSPITALS	RESIDENCY	IM - GASTROENTEROLOGY		NEW JERSEY	NEW JERSEY	07/01/1988	06/30/1993
ROBERT JOHNSON MEDICAL SCHOOL AFFILIATED HOSPITALS	FELLOWSHIP	IM - GASTROENTEROLOGY		NEW JERSEY	NEW JERSEY	07/01/1988	06/30/1993

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 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 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	08/08/2024	PROBATION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
PRE-APPROVAL OF SUPERVISOR/MON	8/8/2024		8/8/2024	\$ 0.00	\$ 0.00
FIRST APPEARANCE	8/8/2024		8/8/2024	\$ 0.00	\$ 0.00
LAST APPEARANCE	8/8/2024			\$ 0.00	\$ 0.00
CURRICULUM VITAE	8/8/2024		8/8/2024	\$ 0.00	\$ 0.00
COSTS	8/8/2024	9/7/2024	8/30/2024	\$ 6,301.63	\$ 6,301.63
MONITOR REPORTS	8/8/2024			\$ 0.00	\$ 0.00
FL CARES EVALUATION	8/13/2024			\$ 0.00	\$ 0.00
BOARD RETAINS JURISDICTION	8/8/2024			\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	8/8/2024			\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	3/4/2025		3/4/2025	\$ 0.00	\$ 0.00
MONITOR	8/8/2024			\$ 0.00	\$ 0.00
PETITION FOR TERMINATION OF PR	8/8/2024			\$ 0.00	\$ 0.00
PRACTICE RESTRICTION DURING PR	8/8/2024			\$ 0.00	\$ 0.00
FINE	8/8/2024	9/7/2024	8/30/2024	\$ 7,500.00	\$ 7,500.00
MONITOR APPEARANCE	8/8/2024			\$ 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 *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:

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Date Of Action	Related To Professional Competence	Related To Delivery of Services
06/06/2023	NO	NO

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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
12/15/2011	HILLSBOROUGH	15-CA-4369	08/02/2017	\$250,000.00	\$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
none

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
SPECIAL FELLOW	LEUKEMIA SOCIETY OF AMERICA, 1973-75

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 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.

HINDI

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
CERT/BOARD CERTIFIED/GASTROENTEROLOGY