## **QUANG THANH TRAN MD**

## License Number: ME67907

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/01/1993
License Expiration 01/31/2026

Date

## General Information

## **Primary Practice Address**

QUANG THANH TRAN MD 724 WEST 19TH STREET PANAMA CITY, FL 32405

#### 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
BAY MEDICAL CENTER	PANAMA CITY	FLORIDA
GULF COAST MEDICAL CENTER	PANAMA CITY	FLORIDA
NORTHWEST FLORIDA SURGERY CENTER	PANAMA CITY	FLORIDA
HEALTHSOUTH EMERALD COAST REHABILITATION	PANAMA CITY	FLORIDA
PANAMA CITY SURGERY CENTER	PANAMA CITY	FLORIDA

### **Email Address**

Please contact at: sinusabc@gmail.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
UNIVERSITY OF NORTH CAROLINA	MD	8/1/1983 - 5/1/1987	05/01/1987
UNIVERSITY OF CALIFORNIA-LOS A	MD	1/1/1987 - 1/1/1993	06/01/1993

## **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
UCLA MEDICAL CENTER	INTERNSHIP	OTHER	HEAD AND NECK SURGERY	LOS ANGELES	CALIFORNIA	07/01/1987	06/30/1988
UCLA MEDICAL CENTER	INTERNSHIP	OTHER	HEAD AND NECK SURGERY	LOS ANGELES	CALIFORNIA	07/01/1988	06/30/1989
UCLA MEDICAL CENTER	RESIDENCY	OTHER	OTOLARYNGOLOGY/HEAD AND NECK SURGERY	LOS ANGELES	CALIFORNIA	07/01/1989	06/30/1993

# **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 OTOLARYNGOLOGY	OTO - OTOLARYNGOLOGY	

# 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.

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.

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
11/02/2015	PALM BEACH	2021-CA-000233	09/30/2021	\$250,000.00	\$250,000.00

## **Optional Information**

### Committees/Memberships

This practitioner has an affiliation with the following committees:

PRESIDENT - NORTHWEST FLORIDA SURGERY CENTER

CHIEF OF STAFF - GULF COAST MEDICAL CENTER

**BOARD OF DIRECTORS** 

FORMER CHIEF OF SURGERY - GULF COAST MEDICAL CENTER

FORMER CHIEF OF SURGERY - BAY MEDICAL CENTER

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
DISTINGUISHED RESEARCH ACHIEVEMENT	UCLA SCHOOL OF MEDICINE

#### **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.

VIETNAMESE

## **Other Affiliations**

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

### Affiliation

AMERICAN ACADEMY OF FACIAL PLASTIC & RECONSTRUCTIVE SURG

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD & NECK SURGERY

AMERICAN SOCIETY FOR LASER MEDICINE & SURGERY

FLORIDA MEDICAL ASSOCIAITON

THE BAYS MEDICAL SOCIETY