



SUMRA RATHORE

License Number: ME71280

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1996
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

SUMRA RATHORE
BERNHARDT LABS
3728 PHILLIPS HIGHWAY SUITE#64
JACKSONVILLE, FL 32207

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL
MISSOURI	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
LOUISIANA	MEDICAL DOCTOR
MINNESOTA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
MARYLAND	MEDICAL DOCTOR
ARIZONA	
NEVADA	
NEW YORK	

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
FATIMA JINNAH MED COLL FOR WOM	MBBS		01/01/1987

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
SCHOOL OF PUBLIC HEALTH SAINT LOUIS UNIVERSITY	ST LOUIS	MISSOURI	02/01/1988	11/01/1990	MPH MASTER OF PUBLIC HEALTH

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 OF FLORIDA	RESIDENCY	PTH - PATHOLOGY-ANATOMIC AND CLINICAL		JACKSONVILLE	FLORIDA	08/01/1992	06/30/1997
UNIVERSITY OF FLORIDA	FELLOWSHIP	PTH - PATHOLOGY-ANATOMIC AND CLINICAL		GAINESVILLE	FLORIDA	07/01/1997	06/30/1998
UNIVERSITY OF FLORIDA	RESIDENCY	PTH - PATHOLOGY-ANATOMIC AND CLINICAL		GAINESVILLE	FLORIDA	07/01/1997	02/01/1998

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 PATHOLOGY	PATHOLOGY-ANATOMIC	

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).

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
05/29/2012	DUVAL		10/01/2015	\$500,000.00	\$1,000,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
CAP, ASCP, DUVAL 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
BEST DOCTORS 2009-2010, TOP DOCTORS 2017	

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.sonichealthcareusa.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.
URDU

Other Affiliations

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

Affiliation
CAP,FSP,ASCP