



## SUNIL D KUMAR MD

License Number: ME71844

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 07/01/1998  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

SUNIL D KUMAR MD  
7420 NW 5TH STREET  
SUITE 103  
PLANTATION, FL 33317

### 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
FLORIDA MEDICAL CENTER	FT LAUDERDALE	FLORIDA
WESTSIDE REGIONAL MEDICAL CENTER	FT LAUDERDALE	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FT LAUDERDALE	FLORIDA
KINDRED HOSPITAL	FT LAUDERDALE	FLORIDA

### Email Address

Please contact at: [Dhanvanintensivist@gmail.com](mailto:Dhanvanintensivist@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
INDIA	MEDICAL
NEW YORK	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
MEDICAL COLLEGE TRIVANDRUM MED. COLLEGE, UNIV. OF KERALA	MD	1/1/1983 - 8/1/1989	08/01/1989

## 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
LONG ISLAND COLLEGE HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	MEDICAL RESIDENCY	NEW YORK	NEW YORK	07/01/1991	06/30/1994
BROWN UNIVERSITY	FELLOWSHIP	OTHER	CRITICAL CARE	PROVIDENCE	RHODE ISLAND	07/01/1994	06/30/1995
UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER	FELLOWSHIP	IM - PULMONARY DISEASE	PULMONARY RESEARCH	MIAMI	FLORIDA	07/01/1995	06/30/1998

## 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 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
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE

## Financial Responsibility

### Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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](#).**

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 not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
MOST VALUABLE SUBSPECIALTY FELLOW AWARD	BROWN UNIVERSITY/THE MIRIAM HOSPITAL
HIGH HONORS IN BIOCHEMISTRY (B.SC.)	UNIVERSITY OF KERALA, THE UNIVERSITY COLLEGE, KERALA INDIA

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
CD4 LYMPHOCYTE COUNTS AND MORTALITY IN AIDS PATIENTS REQUI	CHEST	01/01/1998

Title	Publication	Date
AIRWAY MUCOSAL BLOOD FLOW IN BRONCHIAL ASTHMA	AM J RESP AND CRI CARE MEDICINE	01/01/1998
BILATERAL INTERNAL CAROTID ARTERY DISSECTION FROM VOMITING	THE AM J EMERG MED	01/01/1998
UNUSUAL PULMONARY MANIFESTATIONS OF TAKAYASU ARTERITIS	J OF RHEUMATOLOGY	01/01/1997
A10	THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	

### 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.

MALAYAM

### Other Affiliations

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

Affiliation
AMERICAN ASSOCIATION OF PHYSICIANS FROM INDIA
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN THORACIC SOCIETY
ASSOCIATION OF KERALA MEDICAL GRADUATES
FLORIDA PULMONARY SOCIETY
SOCIETY OF CRITICAL CARE MEDICINE