# BHARAT KUMAR GUPTA MD

# License Number: ME75767

ProfessionMedLicense StatusClearYear Began Practicing07/0License Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active 07/01/1998 01/31/2026 Yes

# **General Information**

## **Primary Practice Address**

BHARAT KUMAR GUPTA MD 911 EAST OAKLAND PARK BLVD. FLORIDA KIDNEY AND HYPERTENSION CARE OAKLAND PARK, FL 33334

#### 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
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
HOLY CROSS HOSPITAL, INC.	FORT LAUDERDALE	FLORIDA
WESTSIDE REGIONAL MEDICAL CENTER	FT LAUDERDALE	FLORIDA
KINDRED HOSPITAL	FT LAUDERDALE	FLORIDA
NORTH BROWARD MEDICAL CENTER	POMPANO BEACH	FLORIDA
IMPERIAL POINT MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
PLANTATION GENERAL HOSPITAL	PLANTATION	FLORIDA

# **Email Address**

Please contact at: bguptamd@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR
	MEDICAL DOCTOR
	MEDICAL DOCTOR

## 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.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF RAJASTHAN, JAIPU	MBBS	7/1/1972 - 9/1/1978	09/01/1978
SAWAI MAN SINGH MED COLL, UNIV	MD	9/1/1978 - 10/1/1981	10/01/1981

# **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
NY HOSPITAL MEDICAL CENTER OF QUEENS	FELLOWSHIP	IM - NEPHROLOGY	NEPHROLOGY RESEARCH	FLUSHING	NEW YORK	07/01/1991	06/30/1993
ALBERT EINSTEIN COLLEGE OF MEDICINE-MONTEFIORE MEDICAL CTR	FELLOWSHIP	IM - NEPHROLOGY	RENAL TRANSPLANT	BRONX	NEW YORK	07/01/1996	06/30/1998
CLEVELAND CLINIC FN	RESIDENCY	IM - INTERNAL MEDICINE		CLEVELAND	OHIO	07/01/1993	06/30/1996
MEDICAL COLLEGE OF OHIO	FELLOWSHIP	IM - NEPHROLOGY	RESEARCH	TOLEDO	OHIO	07/01/1985	03/01/1987
UNIVERSITY OF RAJASTHAN	RESIDENCY	IM - INTERNAL MEDICINE		JAIPUR	INDIA	01/01/1978	01/01/1981

# 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 INTERNAL MEDICINE	IM - NEPHROLOGY	

# **Financial Responsibility**

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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**

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#### **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 an affiliation with the following committees: QUALITY ASSURANCE COMMITTEE IMPERIAL POINT MEDICAL AMERICAN ASSO OF PHYSICIANS FROM INDIA

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
YOUNG INVESTIGATOR/TRAINEE TRAVEL GRANT	AMERICAN SOCIETY OF NEPHROLOGY
ROTARY INTERNATIONAL AWARD	ROTARY FOUNDATION
CHARLES & ELIZABETH MATTHEW MEMORIAL RESEARCH AWARD	NATIONAL KIDNEY FOUNDATION
	FELLOW'S NIGHT ABSTRACT PRESENTATION AWARD
TRAVEL GRANT	AMERICAN SOCIETY OF TRANSPLANTATION MEDICINE

#### **Publications**

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

Title	Publication	Date
MAGNESIUM REPLETION IMPROVES LIPID METABOLISM IN	TRANSPLANTATION 67(11):1485-1487	01/01/1999
CHRONIC RENAL ALLOGRAFT REJECTION: NO RESPONSE TO MYCOP	TRANSPLANTATION 66(3):398-399	01/01/1999
FRACTIONAL DIRECT DIALYSIS QUANTIFICATION: A NEW APPROA	KIDNEY INTERNATIONAL 50:1845-1849	01/01/1996
DIALYSIS ADEQUACY VERSUS METABOLIC FACTORS IN THE CLINI	ADVANCES IN PERITONEAL DIALYSIS 9:295-298	01/01/1993
MANAGEMENT OF SEVERE MALNUTRITION IN DIALYSIS PATIENTS	SEMINARS IN DIALYSIS 6(6):366-369	01/01/1993
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

#### **Professional Web Page**

FloridaKidneyHypertension.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. HINDI

# **Other Affiliations**

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

#### Affiliation

AMERICAN COLLEGE OF PHYSICIANS

AMERICAN SOCIETY OF NEPHROLOGY

BROWARD COUNTY MEDICAL ASSOCIATION

RENAL PHYSICIANS ASSOCIATION

STAFF PRV/TOTAL RENAL CARE, INC.-ARTIFICIAL KIDNEY CTR/FT.