## CARLOS ENRIQUE ENCARNACION MD

## License Number: ME79823

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began PracticingNot ProvidedLicense Expiration01/31/2027DateDate

## **General Information**

## **Primary Practice Address**

CARLOS ENRIQUE ENCARNACION MD 3600 MINNESOTA DRIVE, STE 800 EDINA, MN 55435

## 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
SACRED HEART HOSPITAL	MIRAMAR BEACH	FLORIDA
SACRED HEART HOSPITAL	PORT ST. JOE	FLORIDA
SACRED HEART HOSPITAL	PENSACOLA	FLORIDA

## **Email Address**

Please contact at: carlos.encarnacion.rad@vrad.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	MD
MINNESOTA	MD
MISSISSIPPI	MD
MISSOURI	MD
NEW JERSEY	MD
NEW YORK	MD
NORTH CAROLINA	TEMP LICENSE
NORTH CAROLINA	MD
TEXAS	TEMP LICENSE
TEXAS	MD
VERMONT	MD
VIRGINIA	MD

## 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 PUERTO RICO/SCHO	MD	8/13/1973 - 5/20/1977	05/20/1977

## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended / From	Dates Attended To	Degree Title
UNIVERSITY OF PUERTO RICO - RIO PIEDRAS	SAN JUAN	PUERTO RICO	09/01/1970	05/31/1974	PRE-MED

## **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
ST. VINCENT HOSPITAL MEDICAL CENTER (CLOSED)	INTERNSHIP	TY - TRANSITIONAL YEAR		EULESS	TEXAS	07/01/1977	06/30/1978
MONTEFIORE MEDICAL CENTER - WAKEFIELD CAMPUS	INTERNSHIP	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/1978	06/30/1979
MT. SINAI ST. LUKE'S ROOSEVELT HOSPITAL CENTER	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		NEW YORK	NEW YORK	07/01/1981	06/01/1985
UNIVERSITY OF ROCHESTER MEDICAL CENTER	FELLOWSHIF	P DR - VASCULAR AND INTERVENTIONAL RADIOLO		ROCHESTER	NEW YORK	07/01/1985	06/30/1986
UT HEALTH SAN ANTONIO	FELLOWSHIF	OTHER	ABDOMINAL IMAGING	SAN ANTONIO	UNITED STATES	10/01/2000	09/30/2001

## 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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	

# 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.

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 not provided any professional or community service activities, honors, or awards.

## **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. SPANISH

## **Other Affiliations**

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

Affiliation

AMERICAN COLLEGE OF RADIOLOGY

AMERICAN ROENTGEN RAY SOCIETY

RADIOLOGICAL SOCIETY OF NORTH AMERICA