



## SUKHENDER REDDY SINGIREDDY MD

License Number: ME81395

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

## General Information

### Primary Practice Address

SUKHENDER REDDY SINGIREDDY MD  
1728 DUNLAWTON AVE STE 5  
PORT ORANGE, FL 32127

### 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
MEMORIAL HOSPITAL - FLAGLER		

### Email Address

Please contact at: [ssingireddy@hotmail.com](mailto:ssingireddy@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	MEDICAL DOCTOR
OHIO	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.

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
OSMANIA MEDICAL COLLEGE	MBBS	1/1/1985 - 2/8/1991	02/08/1991

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
APRJ COLLEGE	GUNTUR	INDIANA	06/12/1982	04/01/1984	BS BIOLOGY

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
HENRY FORD MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		DETROIT	MICHIGAN	07/01/1993	06/30/1994
UNIVERSITY OF ALABAMA	FELLOWSHIP	NM - NUCLEAR MEDICINE		BIRMINGHAM	ALABAMA	07/01/1994	06/30/1995
UNIVERSITY HOSPITAL- UNIVERSITY OF MEDICINE	RESIDENCY	DR - RADIOLOGY		NEWARK	NEW JERSEY	07/01/1995	06/30/1999
HENRY FORD HOSPITAL	FELLOWSHIP	DR - VASCULAR AND INTERVENTIONAL RADIOLO		DETROIT	MICHIGAN	07/01/1999	06/30/2000

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	Date Certified
AMERICAN ASSOCIATION OF PHYSICIAN SPEC.	PHLEBOLOGY	

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

## 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 an affiliation with the following committees:

RADIOLOGIC SOCIETY OF NORTH AMERICA  
AMERICAN BAORD OF RADIOLOGY

### Professional or Community Service Awards

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

### Publications

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

Title	Publication	Date
THE USE OF METALLIC STENTS TO BYPASS URETERAL STRICTURES..	JOURNAL OF UROLOGY	01/01/1996
PNEUMOTHORAX AFTER REMOVAL OF MISPLACED NASOENTERIC.....	EMERGENCY RADIOLOGY	01/01/1996

Title	Publication	Date
RADIOLOGICAL MANAGEMENT OF GASTROINTESTINAL BLEEDING.....	JOURNAL OF UROLOGY	01/01/1999
A RE-EVALUATION OF THE RADIOGRAPHICALLY DETECTABLE.....	AMERICAN SURGEON	01/01/1999
THE CLINICAL IMPLICATION (OR LACK THERE OF) OF VEGETAT....	CLINICAL CARDIOLOGY	01/01/1998

### Professional Web Page

www.suncoastvein.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.

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### Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF RADIOLOGY
CERT OF ADDITIONAL QUALIFICATION-INTERVENTIONAL RADIOLOGY
SOCIETY OF CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY
VOLUSIA MEDICAL SOCIETY