



CHHATRAPAL SINGH THAKUR

License Number: ME82319

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	05/01/1991
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

CHHATRAPAL SINGH THAKUR
AIM HEALTHCARE, LLC
5300 WEST HILLSBORO BLVD.
COCONUT CREEK, FL 33073

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
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA
NORTHWEST MEDICAL CENTER	MARGATE	FLORIDA
CORAL SPRINGS MEDICAL CENTER	CORAL SPRINGS	FLORIDA
NORTH BROWARD MEDICAL CENTER	DEERFIELD BEACH	FLORIDA

Email Address

Please contact at: chhatrapal@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	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
GOVERNMENT MEDICAL COLLEGE	MBBS	10/1/1985 - 4/5/1991	10/31/1991

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
NEW YORK METHODIST HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	PAY I	BROOKLYN	NEW YORK	07/01/1998	06/30/1999
NEW YORK METHODIST HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	PAY II	BROOKLYN	NEW YORK	07/01/1999	06/30/2000
NEW YORK METHODIST HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	PAY III	BROOKLYN	NEW YORK	07/01/2000	06/30/2001
NEW YORK METHODIST HOSPITAL	FELLOWSHIP	FP - GERIATRIC MEDICINE		BROOKLYN	NEW YORK	07/01/2001	06/01/2002

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 - 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](#).

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
02/18/2020	BROWARD	CACE-21-010848	12/06/2022	\$250,000.00	\$0.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:

AMA

ACP-ASIM

FMA

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 INTERN - SEPT 1998	NEW YORK METHODIST HOSPITAL
PROFESSIONAL ATTITUDE AND BEHAVIOUR AWARD - 1999	NEW YORK METHODIST HOSPITAL
ATTENDANCE AWARD - 1999	NEW YORK METHODIST HOSPITAL
MERIT RESEARCH ACHIEVEMENT - 2000, 2001	NEW YORK METHODIST HOSPITAL

Community Service/Award/Honor	Organization
NATIONAL AWARD IN RESEARCH	ACP-ASIM ANNUAL SESSION 2002, PHILADELPHIA PA
EXCELLENCE CERTIFICATE AWARD DOCTOR COMMUNICATION HCAHPS	NORTH BROWARD MEDICAL CENTER YEAR 2011
TOP PERFORMER - PATIENT EXPERIENCE 2013	BROWARD HEALTH NORTH

Publications

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

Title	Publication	Date
ERECTILE DYSFUNCTION IN MEN ATTENDING MEDICAL CLINIC	PUBLICATION AND POSTER NEW YORK METHODIST HOSPITAL	01/01/2000
PREDICTORS OF DELIRIUM IN ELDERLY AFTER HIP FRACTURE	JOURNAL OF AMERICAN GERIATRICS SOCIETY	01/01/2002
USE OF FIBER REDUCING LAXATIVE USE IN NURSING HOME	RESIDENT RESEARCH POSTER PRESENTATION NY METHODIST HOSP	01/01/2002

Professional Web Page

www.thakurmdpa.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
SPANISH
URDU
PUNJABI

Other Affiliations

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

Affiliation
AAPI AND IPOF
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN GERIATRICS SOCIETY
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF INTERNAL MEDICINE
FMA