# **JOHN RADES THOMAS**

## License Number: ME87418

Profession Medical Doctor
License Status DELINQUENT/
Year Began Practicing 07/01/1978
License Expiration 01/31/2025

Date

# **General Information**

The practitioner has not verified the information contained in this profile.

## **Primary Practice Address**

JOHN RADES THOMAS 1604 LAKECLIFF HILLS LANE AUSTIN, TX 78732-2437

#### **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
HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	BAKERSFIELD	CALIFORNIA
AURORA BEHAVIORAL HEALTHCARE	SAN DIEGO	CALIFORNIA
HEALTHSOUTH DESERT CANYON REHABILITATION HOSPITAL	LAS VEGAS	NEVADA
HEALTHSOUTH REHABILITATION HOSPITAL	COLUMBIA	SOUTH CAROLINA
KAHUKU MEDICAL CENTER	KAHUKU	HAWAII
HEALTHSOUTH REHABILITATION HOSPITAL OF ALBUQUERQUE	ALBUQUERQUE	NEW MEXICO
BASSETT ARMY COMMUNITY HOSPITAL	FORT WAINWRIGHT	ALASKA
GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL	FORT LEONARD WOOD	MISSOURI
REYNOLDS ARMY COMMUNITY HOSPITAL	FORT SILL	OKLAHOMA
KOOTENAI MEDICAL CENTER	COEUR D'ALENE	IDAHO
FREMONT AREA MEDICAL CENTER	FREMONT	NEBRASKA
OASIS HOSPITAL	PHOENIX	ARIZONA
MANIILAQ HEALTH CENTER	KOTZEBUE	ALASKA

#### **Email Address**

Please contact at: jtfaceshot@aol.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MD
UTAH	MD
HAWAII	MD

State	Profession
IDAHO	MD
ALASKA	MD
ALABAMA	MD
ARIZONA	MD
ILLINOIS	MD
COLORADO	MD
CONNECTICUT	MD
GEORGIA	MD
IOWA	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	MD
MASSACHUSETTS	MD
MARYLAND	MD
MAINE	MD
MICHIGAN	MD
MINNESOTA	MD
MISSOURI	MD
MONTANA	MD
NORTH CAROLINA	MD
NORTH DAKOTA	MD
NEBRASKA	MD
NEW HAMPSHIRE	MD
NEW JERSEY	MD
NEW MEXICO	MD
NEVADA	MD
NEW YORK	MD
OHIO	MD
RHODE ISLAND	MD
OKLAHOMA	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
VERMONT	MD
WASHINGTON	MD
WISCONSIN	MD
WEST VIRGINIA	MD
WYOMING	MD
FLORIDA	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**

The practitioner has not verified the information contained in this profile.

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF WISCONSIN-MADISO	MD		05/28/1978

## **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
UNIVERSITY OF WISCONSIN	MADISON	WISCONSIN	08/01/1970	12/19/1973	BA PSYCHOLOGY

#### **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
NAVAL REGIONAL MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR	FLEXIBLE	OAKLAND	CALIFORNIA	07/01/1978	06/30/1979
NAVAL HOSPITAL SAN DIEGO	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		SAN DIEGO	CALIFORNIA	07/08/1980	07/07/1983
NAVAL HOSPITAL SAN DIEGO	FELLOWSHIP	NRN - NEUROLOGY/DIAGNOSTIC RADIOLOGY/NEU	ANGIOGRAPHY	SAN DIEGO	CALIFORNIA	08/24/1984	08/19/1985

# **Academic Appointments**

The practitioner has not verified the information contained in this profile.

## **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**

The practitioner has not verified the information contained in this profile.

#### **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

#### The practitioner has not verified the information contained in this profile.

#### **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **Proceedings and Actions**

The practitioner has not verified the information contained in this profile.

## **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**

The practitioner has not verified the information contained in this profile.

#### 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 not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

#### **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.