# **VISHAL VERMA**

# License Number: ME89538

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1998
License Expiration 01/31/2026

Date

# **General Information**

# **Primary Practice Address**

VISHAL VERMA 13280 EVENING CREEK DR. S. SUITE 225 SAN DIEGO, CA 92128

### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

### **Email Address**

Please contact at: vverma@revive.md

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MD
ILLINOIS	MD
CONNECTICUT	
ARIZONA	MD
TEXAS	MD
OKLAHOMA	MD
PENNSYLVANIA	MD
MISSOURI	MD
INDIANA	MD
NEW YORK	MD
MICHIGAN	MD
GEORGIA	MD
OHIO	MD
KENTUCKY	MD
NEW MEXICO	MD
KANSAS	MD
COLORADO	MD
DISTRICT OF COLUMBIA	MD

State	Profession
DELAWARE	MD
NEW MEXICO	MD
HAWAII	MD
IOWA	MD
IDAHO	MD
KANSAS	MD
KENTUCKY	MD
LOUISIANA	MD
MASSACHUSETTS	MD
MARYLAND	MD
MINNESOTA	MD
MISSISSIPPI	MD
MONTANA	MD
NORTH CAROLINA	MD
NEBRASKA	MD
OREGON	MD
RHODE ISLAND	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
UTAH	MD
VIRGINIA	MD
VERMONT	MD
WASHINGTON	MD
WISCONSIN	MD
WEST VIRGINIA	MD
WYOMING	MD
NORTH DAKOTA	MD
ALABAMA	MD
ALASKA	MD
NEVADA	MD
NEW JERSEY	MD
NEW HAMPSHIRE	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 MIAMI	MD	8/1/1994 - 5/1/1998	05/08/1998

### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended y From	Dates Attended To	Degree Title
UNIVERSITY OF MIAMI	CORAL GABLES	FLORIDA	09/01/1992	05/01/1996	BS - BACHELOR OF SCIENCE

# **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
U OF CHICAGO HOSPITALS	INTERNSHIP	IM - INTERNAL MEDICINE		CHICAGO	ILLINOIS	06/01/1998	06/01/1999
UNIVERSITY OF CHICAGO	RESIDENCY	DR - RADIOLOGY		CHICAGO	ILLINOIS	07/01/1999	06/01/2003
UNIVERSITY OF CALIFORNIA SAN DIEGO	A FELLOWSHIF	P DR - RADIOLOGY		SAN DIEGO	CALIFORNIA	07/01/2003	01/01/0001

# **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	RADIOLOGY - DIAGNOSTIC	06/01/2003

# Financial Responsibility

### **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**

### **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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

#### View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	10/13/2020	SUSPENSION SATISFIED	

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

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Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MARYLAND MEDICAL BOARD	01/30/2020	REPRIMAND	NO
NORTH CAROLINA MEDICAL BOARD	04/27/2020	CONSENT ORDER	NO
COLORADO MEDICAL BOARD	04/07/2020	LETTER OF ADMONITION	NO
MEDICAL BOARD OF CALIFORNIA	05/18/2020	LETTER OF REPRIMAND	NO
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION	06/25/2020	REPRIMAND	NO
WEST VIRGINIA BOARD OF MEDICINE	07/29/2020	REPRIMAND	NO
KENTUCKY BOARD OF MEDICAL LICENSURE	07/17/2020	LETTER OF ADMONITION	NO
WISCONSIN MEDICAL EXAMINING BOARD	08/19/2020	REPRIMAND	NO
VIRGINIA BOARD OF MEDICINE	08/31/2020	CONSENT AGREEMENT	NO
FLORIDA BOARD OF MEDICINE DEPARTMENT OF HEALTH	09/03/2020	SUSPENDED	NO
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE	03/03/2020	REPRIMAND	NO
GEORGIA COMPOSITE MEDICAL BOARD	09/23/2020	CONSENT ORDER	NO
OREGON MEDICAL BOARD	06/15/2020	CIVIL PENALTY	NO
WISCONSIN MEDICAL EXAMINING BOARD	08/19/2020	REPRIMAND	NO
TENNESSEE BOARD OF MEDICAL EXAMINERS	10/07/2020	PROBATION OF LICENSE	NO
HAWAII MEDICAL BOARD	01/14/2021	REPRIMAND	NO
ALABAMA STATE BOARD OF MEDICAL EXAMINERS	01/08/2021	CORRECTIVE ORDER	NO
WASHINGTON MEDICAL COMMISSION	01/07/2021	STIPULATION AGREEMENT	NO
MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE	02/19/2021	REPRIMAND	NO

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
NEW YORK STATE DEPARTMENT OF HEALTH	03/29/2021	CENSURE AND REPRIMAND	NO
MINNESOTA BOARD OF MEDICAL PRACTICE	03/07/2021	STIPULATION AGREEMENT	NO
MINNESOTA BOARD OF MEDICAL PRACTICE	03/07/2021	STIPULATION AGREEMENT	NO
CONNECTICUT MEDICAL EXAMINING BOARD	04/28/2021	CONSENT AGREEMENT	NO
CONNECTICUT MEDICAL EXAMINING BOARD	04/28/2021	CONSENT AGREEMENT	NO
NEVADA BOARD OF MEDICAL EXAMINERS	05/12/2021	AGREED ORDER	NO
STATE BOARD OF INDIANA	08/24/2021	SETTLEMENT AGREEMENT	NO
STATE OF MICHIGAN	03/19/2020	STIPULATION AGREEMENT	NO

# 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 had final disciplinary action taken against him/her within the last 10 years.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MOUNT NITTANY MEDICAL CENTER	03/25/2020	REVOKED	NO
ST. CHARLES HEALTH SYSTEM	04/06/2020	DENIED REAPPOINTMENT	NO

### 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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
PORTAL AND MESENTERIC VENOLIS		

#### **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**

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