#### AIMEE KAMAT M.D.

# License Number: ME101393

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/24/2004
License Expiration 01/31/2026

Date

# General Information

# **Primary Practice Address**

AIMEE KAMAT M.D. 1908 PURDY AVENUE SUITE 1A MIAMI BEACH, FL 33139

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA

#### **Email Address**

Please contact at: aimeekamat@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL DOCTOR ANESTHESIOLOGIST

# 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SINT-EUSTATIUS SCHOOL OF MEDICINE	MD	9/1/2000 - 2/1/2003	02/03/2003

#### **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
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	INTERNSHIP	AN - ANESTHESIOLOGY	,	MIAMI	FLORIDA	06/01/2004	06/01/2005
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	RESIDENCY	AN - ANESTHESIOLOGY	,	MIAMI	FLORIDA	07/01/2005	06/01/2008
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	AN - ANESTHESIOLOGY	,	MIAMI	FLORIDA	06/01/2003	05/01/2004

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

# **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City State
ASSISTANT PROFESSOR OF ANESTHESIOLOGY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI FLORIDA

# **Specialty Certification**

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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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	

# 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**

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

Title	Publication	Date
THE IMPACT OF PHARMACOGENOMICS ON POSTOPERATIVE NAUSEA AND V	ANESTHESIOLOGY	01/02/2005
PREPAREDNESS FOR BIOLOGICAL AND CHEMICAL INCIDENTS – A SURVE	ANESTH ANALG	01/01/2005
GRANISETRON VS ONDANSETRON TREATMENT FOR BREAKTHROUGH POSTO	ANESTH ANALG	01/01/2007
SECONDARY ANALYSIS OF MICRODEBRIDERS USED IN FUNCTIONAL EN	LARYNGOSCOPE	01/01/2005

Title	Publication	Date
TREATING PONV ONDANSETRON PROPHYLAXIS FAILURE A COMPARISON	IARS	03/01/2005
BIOLOGICAL AND CHEMICAL TERRORISM PREPAREDNESS – A SURVEY OF	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	10/01/2004
PHARMACOGENOMICS AFFECTS POSTOPERATIVE NAUSEA AND VOMITING	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	10/01/2004

# **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.

FRENCH

#### **Other Affiliations**

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