Florida HEALTH Department of Health

RAJ S AMBAY M.D.

License Number: ME109483

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/29/2002
License Expiration Date	01/31/2029

General Information

Primary Practice Address

RAJ S AMBAY M.D.
2441 OAK MYRTLE LANE, STE 102
SUITE 102
WESLEY CHAPEL, FL 33544

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
ADVENT HEALTH WINTER PARK, FL.	WESLEY CHAPEL	FLORIDA
TAMPA (JAMES A. HALEY VA MEDICAL CENTER)	TAMPA	FLORIDA
TAMPA OUTPATIENT SURGICAL FACILITY	TAMPA	FLORIDA

Email Address

Please contact at: **drambay@ambayplasticsurgery.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	MEDICAL
WISCONSIN	MEDICAL
TEXAS	MEDICAL

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
HAHNEMANN UNIVERSITY	MD	8/1/2000 - 5/1/2002	05/01/2002

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
NORTHWESTERN UNIVERSITY DENTAL SCHOOL	CHICAGO	FLORIDA	08/20/1988	04/20/1993	D.D.S. DENTAL
NORTHWESTERN UNIVERSITY DENTAL SCHOOL	CHICAGO	ILLINOIS	08/24/1988	04/24/1993	D.D.S. DENTAL

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
MAYO CLINIC	RESIDENCY	GS - SURGERY		ROCHESTER	MINNESOTA	06/01/2002	06/01/2005
UINIVERSITY OF WISCONSIN	FELLOWSHIP	PS - PLASTIC SURGERY		MADISON	WISCONSIN	07/01/2005	06/01/2007
UNIVERSITY OF WISCONSIN	RESIDENCY	PS - PLASTIC SURGERY		MADISON	WISCONSIN	07/01/2007	06/01/2009
MD ANDERSON CANCER CENTER	FELLOWSHIP	PS - PLASTIC SURGERY	MICROVASCULAR SURGERY	HOUSTON	TEXAS	07/01/2009	06/01/2010

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 BOARD OF PLASTIC SURGERY	PS - PLASTIC SURGERY	

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

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.

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
07/20/2022	PASCO	24-CA-001454	11/21/2024	$250,000.00	$250,000.00
11/16/2021	PASCO	2026-CA-000702	05/07/2026	$200,000.00	$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
AMERICAN SOCIETY OF PLASTIC SURGEONS PATIENT SAFETY COMMITTE
AMERICAN COLLEGE OF SURGEONS
AMERICAN SOCIETY OF RECONSTRUCTIVE MICROSURGERY
AMERICAN MEDICAL ASSOCIATION
AMERICAN MEDICAL ASSOCIATION ETHICAL OVERSIGHT BOARD
VA PEER REVIEW COMMITTEE
VA PATIENT SAFETY COMMITTEE
AMER SOC OF MILITARY SURGEONS OF THE UNITED STATES

AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES
AMA ETHICAL OVERSIGHT BOARD
JOHNS HOPKINS SCIENCE AND TECHNOLOGY BOARD
UNIVERSITY OF MARYLAND COMMERICIAL VENTURES BOARD

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
VOTED AS ONE OF AMERICAS TOP PLASTIC SURGEONS	CONSUMER RESERACH COUNCIL

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

www.ambayplasticsurgery.com

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.