#### MATTHEW HOWARD BERLET

#### License Number: ME63918

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1993
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

#### **General Information**

#### **Primary Practice Address**

MATTHEW HOWARD BERLET 4516 N. ARMENIA AVE SDI RADIOLOGY TAMPA, FL 33603-2789

#### **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
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
ST. JOSEPH'S HOSPITAL	LUTZ	FLORIDA
ST. JOSEPH'S HOSPITAL	RIVERVIEW	FLORIDA
SOUTH FLORIDA BAPTIST HOSPITAL	PLANT CITY	FLORIDA

#### **Email Address**

Not Provided

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	MEDICAL DOCTOR
MINNESOTA	TELEMEDICINE
ALABAMA	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
SOUTH CAROLINA	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
UNIVERSITY OF MEDICINE AND DEN	MD		06/01/1986

#### **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
HACKENSACK UNIVERSITY MEDICAL	INTERNSHIP	IM - INTERNAL MEDICINE		HACKENSACK	NEW JERSEY	07/01/1986	06/30/1987
NEW ENGLAND DEACONESS	RESIDENCY	OTHER	DIAGNOSTIC RADIOLOGY	BOSTON	MASSACHUSETTS	07/01/1987	06/30/1990
NEW ENGLAND DEACONESS HOSPITAL	RESIDENCY	OTHER	DIAGNOSTIC RADIOLOGY	BOSTON	MASSACHUSETTS	01/01/1990	01/01/1991
MASS GENERAL HOSPITAL	FELLOWSHIF	DR - NEURORADIOLOGY	,	BOSTON	MASSACHUSETTS	07/01/1991	06/30/1993

# **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	DR - NEURORADIOLOGY	
AMERICAN BOARD OF RADIOLOGY	DR - VASCULAR AND INTERVENTIONAL RADIOLO	
AMERICAN BOARD OF RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	

# 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.

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 an affiliation with the following committees:

MEDICAL DIRECTOR/DEPT OF IR RADIOLOGY/ST JOSEPH HOSP
HOSPITAL MEDICAL EXECUTIVE COMMITTEE/ST JOSEPH HOSPITAL
MEDICAL DIRECTOR STROKE STEMI TEAM ST JOSEPH'S HOSPITAL

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CHIEF RESIDENT DIAGNOSTIC RADIOLOGY	NEW ENGLAND DEACONESS HOSPITAL, BOSTON MA

#### **Publications**

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

Title	Publication	Date
SERENDIPITOUS DISCOVERY & EMBOLIZATION OF PULMONARY ARTER	HEART AND LUNG	10/01/1997
ENDOVASCULAR TREATMENT OF INTRAHEPATIC IVC OBSTRUCTION	SOUTHERN MEDICAL JOURNAL	10/01/2006
FLUORO GUIDED TRANSHEPATIC PUNCTURE FOR DIFF TIPS	RADIOGRAPHY	08/01/2012
DOES MODERN ISCHEMIC STROKE THERAPY IMPROVE OUTCOMES	JOURNAL OF STROKE AND CEREBROVASCULAR DISEASES	09/01/2013
ENDOVASCULAR TREATMENT OF AORTOENTERIC FISTULA W ENDOGRAFT	CHIRURGIA	12/01/2013
RETROSPECTIVE COMPARISON OF LC BEAD EMBOLIZATION FOR MALIGNANT HEPATIC NEOPLASMS	HR JOURNAL	06/01/2015

#### **Professional Web Page**

WWW.SDIRAD.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.

SPANISH

#### **Other Affiliations**

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

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Affiliation
AMERICAN COLLEGE OF RADIOLOGY
AMERICAN ROENTGEN RAY SOCIETY
AMERICAN SOCIETY OF NEURORADIOLOGY
FLORIDA RADIOLOGICAL SOCIETY
FLORIDA WEST COAST RADIOLOGICAL SOCIETY
PBK
RADIOLOGICAL SOCIETY OF NORTH AMERICA
SOCIETY OF CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY
SOCIETY OF NEUROINTERVENTIONAL SURGERY
SOUTHERN COLLEGE OF VASCULAR & INTERVENTIONAL RADIOLOGY