Department of Health

JOHN THOMAS CARROLL

License Number: ME77295

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1989
License Expiration Date	01/31/2027

General Information

Primary Practice Address

JOHN THOMAS CARROLL
1195 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

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
HALIFAX MEDICAL CENTER	DAYTONA BEACH	FLORIDA
FLAGLER HOSPITAL	ST. AUGUSTINE	FLORIDA
MUNROE REGIONAL MEDICAL CENTER	OCALA	FLORIDA
SCHNEIDER REGIONAL MEDICAL CENTER	ST. THOMAS, USVI	
GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER	CHRISTIANSTED, ST. CROIX, USVI	
OCALA REGIONAL MEDICAL CENTER	OCALA	FLORIDA
SEVEN RIVERS REGIONAL MEDICAL CENTER	CRYSTAL RIVER	FLORIDA

Email Address

Please contact at: **jcarroll@radassociates.us**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MD
HAWAII	MD
VIRGIN ISL	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
BOSTON UNIVERSITY	MD	9/1/1985 - 5/21/1989	05/21/1989

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
FRAMINGHAM UNION HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		FRAMINGHAM	MASSACHUSETTS	06/24/1989	06/23/1990
LOS ANGELES COUNTY/USC	RESIDENCY	DR - RADIOLOGY		LOS ANGELES	CALIFORNIA	07/01/1990	06/30/1994
UCLA	FELLOWSHIP	OTHER	WOMEN'S IMAGING-BREAST AND ULTRASOUND	LOS ANGELES	CALIFORNIA	07/01/1994	06/30/1995

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	06/01/1994

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 the following criminal offenses:

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.
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
08/05/2014			12/09/2015	$250,000.00	$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
American College of Radiology
Florida Radiological Society
Radiological Society of North American
American Roentgen Ray Society
Flagler County Medical Society
Volusia County Medical Society

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
OFFICER	US AIR FORCE

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

https://www.radiologyassociatesimaging.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 provided the following national, state, local, county, and professional affiliations:

Affiliation
STAFF PRIV/DAVID GRANT MEDICAL CENTER/TRAVIS AFB,CA