



## ANUPAM KUMAR MOHANTY MD

License Number: ME96325

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2003
License Expiration Date	01/31/2026

## General Information

### Primary Practice Address

ANUPAM KUMAR MOHANTY MD  
2520 S DIXIE HIGHWAY  
COCONUT GROVE, FL 33133

### 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
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	MIAMI	FLORIDA

### Email Address

Please contact at: [admin@mohantymed.com](mailto:admin@mohantymed.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	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 TEMPLE SCHOOL OF MEDICINE	MD		05/01/2003

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
UNIVERSITY OF PENNSYLVANIA	PHILADELPHIA	PENNSYLVANIA	09/01/1994	08/01/1997	BA - BIOLOGY

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
ST.LUKE HOSPITAL	INTERNSHIP	GS - SURGERY		BETHLEHEM	PENNSYLVANIA	07/01/2003	12/01/2003
UNIVERSITY OF SOUTH FLORIDA	RESIDENCY	IM - INTERNAL MEDICINE		TAMPA	FLORIDA	07/01/2004	06/30/2007
UNIVERSITY OF MIAMI	FELLOWSHIP	IM - GASTROENTEROLOGY	HEPATOLOGY	MIAMI	UNITED STATES	07/01/2007	06/30/2008

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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:

AASLD  
AGA  
ACG

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
POSTER PRESENTATION	AMERICAN COLLEGE OF GASTROENTEROLOGY 2007 - PHILADELPHIA PA
POSTER PRESENTATION	AMERICAN COLLEGE OF GASTROENTEROLOGY 2006 - LAS VEGAS NV
POSTER PRESENTATION - SYNOVIAL CELL SARCOMA	CONNECTIVE TISSUE ONCOLOGY SOCIETY - 2006 VENICE ITALY
POSTER PRESENTATION - AN UNUSUAL FOREARM MASS	AMERICAN COLLEGE OF PHYSICIANS - SEPTEMBER 2005 - SARASOTA

Community Service/Award/Honor	Organization
POSTER PRESENTATION - ENTEROVASCULAR FISTULA FROM TOOTHPICK	AMERICAN COLLEGE OF PHYSICIANS - APRIL 2005 - TAMPA FL
POSTER - NOVEL DIAGNOSTIC TECHNIQUE IN CYSTIC FIBROSIS	CYSTIC FIBROSIS FOUNDATION MEETING - NOV 1998 - MONTREAL
POSTER PRESENTATION - EXPRESSION OF UDPGT IN CYSTIC FIBROSIS	AMERICAN ASSOCIATION FOR STUDY OF LIVER DISEASES- NOV1998

## Publications

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

Title	Publication	Date
A SHARP RIGHT TURN	NEW ENGLAND JOURNAL OF MEDICINE	08/03/2006
EXPRESSION OF MICROSOMAL UDP-GLUCURONOSYL TRANSFERASE	PEDIATRIC PULMONOLOGY	10/01/1998
ABSENCE OF A SPECIFIC UDP-GLUCURONOSYL TRANSFERASE ISOFORM	HEPATOLOGY	10/01/1998
UDP-GLUCURONOSYL TRANSFERASE ACTIVITY ISOLATED IN IMMORTAL	JOURNAL OF INVESTIGATIVE MEDICINE	04/01/1997
THE DILEMMA OF IDIOPATHIC FULMINANT HEPATIC FAILURE	GASTROENTEROLOGY AND HEPATOLOGY	01/05/2009

## Professional Web Page

[www.miamiinternalmedicine.com](http://www.miamiinternalmedicine.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

HINDI

## Other Affiliations

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