

Practitioner Profile for GARY F NOBERT, 1.013026 [view pub](#) [update online](#)**Practitioner Profile Status**

Prepublication Status	None
Publication Status	Published
Pending Updates	YES

1. Physician Information [update](#)

License Number	13026
Effective Date	06/15/1967
Expiration Date	02/28/2018
Currently practicing medicine in CT	YES
Actively involved in patient care	YES

Practice Locations [add](#)

	Practice	Address	Languages	Primary?
update	Hartford Gyn Center	1 Main St Hartford, CT 06106	Spanish	YES

Staff Privileges [add](#)

	Facility	Address	Start Date	End Date
update	HARTFORD HOSPITAL			
update	JOHN DEMPSEY HOSPITAL OF THE UNIVERSITY OF CONNECTICUT HEALTH CENTER			

2. Medical School [update](#)

Medical School	Tufts University School Of Medicine
Year of Graduation	1965

3. Post Graduate Training [add](#)

	Start	End	Type	Level	Hospital	Address
update	07/01/1966	06/30/1969	OB/GYN	Resident	Hartford Hospital	Hartford, CT UNITED STATES
update	07/01/1965	06/30/1966	Rotating	Intern	Hartford Hospital	Hartford, CT UNITED STATES

4. Specialty Area and Board Certification [add](#)

	Specialty/Subspecialty	Board Cert Date	Specialty End Date	Certifying Board
update	Obstetrics and Gynecology add sub			

5. CT Medical Education Responsibility [update](#)

Member of faculty of a CT medical school	YES
Medical School	University of Connecticut School of Medicine
Current Responsibility for graduate medical education	YES

6. Publications, Professional Services, Activities, Awards [add](#)

	Publisher/Issuer	Title/Award Name	Date
update	Hartford Hospital, Dept of OB-GYN	Teacher of The Year Award, 1991	

7. Hospital Discipline [add](#)

Hospital	Address	Date	Discipline
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8. Medical Malpractice Payments [add](#) [dispute](#)

	Payment Date	Payment Category	Amount Paid	Related Practice Specialty
update	06/09/2009	Average	410,000.00	Obstetrics and Gynecology
update	09/03/2002	Below Average	12,000.00	Obstetrics and Gynecology

9. Felony Convictions [add](#) [dispute](#)

Date of Conviction	Conviction
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10. CT Licensure Disciplinary Actions [dispute](#)

Date of Action	Action	License Status
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[Post Prepublication](#)

[Post Publication](#)

2017 License Renewal

Renewal - 1.013026

Name	GARY F NOBERT
Credential	1.013026

Fee Details

Renewal Application Fee	\$575.00
	\$575.00

Workforce Survey Introduction

Dear Licensee:

Thank you for renewing your license online.

As part of this renewal application, you will be asked to enter your National Provider Identification (NPI) number. Please make sure you have that information available before proceeding. If you do not have your NPI number with you, you can find it online at <https://npiregistry.cms.hhs.gov/>. You will also be asked to enter information regarding your practice location, specialty and patients served.

The purpose of the questions is to allow the Department of Public Health to collect valuable workforce and patient care data that is critical in identifying and addressing healthcare workforce shortage and patient care issues.

Thank you for assisting the Department in this important initiative.

Demographic Information-Renewal

1. Please provide your Date of Birth
02/25/1939
2. Gender
Male
3. Ethnicity: Please choose one
Not Hispanic or Latino
4. Race:
White

Email Address Verification

Please be advised that the Department will no longer be mailing hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date. After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that your email address on file is correct. If it is not correct, please update it. Thank you.

5. By entering a date in this field, I confirm that I will verify that the Department has my correct email address on file.
12/11/2016

Medical Education

6. Medical School
Tufts University School Of Medicine
7. Year of Graduation
1965

Specialty/Board Certification

8. Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS.

Specialty	Subspecialty		Certifying Board	Certification Date
Obstetrics and Gynecology	Subspecialty	Certification Date		

Current Workforce Status in Medicine

9. What is your current work status in medicine?
Part-time (less than 32 hours per week)
10. In the next 12 months, do you plan to (please mark all that apply):
None
11. If 100% of your primary professional position is not direct patient care, please indicate which of the following apply:
12. If your response to the previous question was other, please enter additional comments here.

National Provider Identifier

The National Provider Identifier (NPI) is a 10-digit identifier required on all HIPAA standard electronic transactions. NPIs have replaced all separately issued identifiers, including Medicaid PINs and Medicare UPINs, on HIPAA standard electronic transactions. In the past, health plans assigned an identifying number to each provider with whom they conducted electronic business. Since providers typically work with several health plans, they were likely to have a different identification number for each plan. The NPI has been put in place so that each provider has one unique, United States federal government-issued identifier to be used in transactions with all health plans with which the provider conducts business.

13. Please enter your NPI number here (if you do not know your NPI number, you may retrieve it at <https://npiregistry.cms.hhs.gov>. If you do not have an NPI number, please enter ten (10) zeros):
1265474340

Physician Renewal Practice Location

14. Please indicate the name and address of your primary practice location as well as languages spoken at that location. Please note that you can add additional practice locations but you may only select one (1) primary practice location.

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Languages Spoken at this Location
Hartford Gyn Center	1 Main St			Hartford	Connecticut	06106	Yes	Spanish

15. Approximately how many physicians are associated with your practice?
3
16. Is the primary site where you spend most time providing direct patient care a JCAHO/NCQA recognized patient care centered medical home?
No
17. Please select the best choice for the type of ownership of your practice.
Other corporation

Practice Ownership - Organization

18. Please enter the name of the organization/person that owns the practice where you work.
Hartford Physicians Management Corp
19. City
Hartford
20. State (two letter abbreviation)
CT

New Patients

21. Please select the best response that describes your patient care practice status:

I can accept some new patients; my practice is far from full

22. Are you accepting new patients covered by:

Both

Primary Source of Payment

What percent of your patients have the following source of payment?

23. Medicare
less than 10%

24. Medicaid
51 - 75%

25. Self-Pay
less than 10%

26. Private Insurance
11 - 25%

27. Other
None

28. Does your practice offer sliding fee scale based on ability to pay?

No

29. Approximately what percentage of your patients use sliding fee schedules?

None

Populations Served

Please approximate the percentage of patients at your primary practice location that are:

30. Homeless
Less than 10%

31. Migrant/Seasonal Farm Workers
Less than 10%

32. Native Americans
Less than 10%

Connecticut Prescription Monitoring and Reporting System

All prescribing practitioners possessing a Connecticut controlled substance registration (CSP) issued by the Connecticut Department of Consumer Protection (DCP) must register with the Connecticut Prescription Monitoring and Reporting System (CPMRS) online at www.ctpmp.com.

After you have completed this renewal transaction, please visit the DCP's website at www.ct.gov/dcp and select 'Programs & Services' then 'Prescription Monitoring Program' for information regarding registration.

33. I acknowledge that I have read the information regarding registration in the Connecticut Prescription Monitoring and Reporting System.

12/11/2016

Physician Attestation

34. Within the last year, have you been convicted of a felony?

No

35. If yes, please provide details here

36. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

37. If yes, please provide details here

38. I attest that I am in compliance with the mandatory continuing education requirements and that I am in compliance with the mandatory professional liability insurance coverage requirements.

Yes

39. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

12/11/2016

Important Note

To continue processing your renewal, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

Review

2016 License Renewal

Renewal - 1.013026

Name	GARY F NOBERT
Credential	1.013026

Fee Details

Renewal Application Fee	\$575.00
	\$575.00

Demographic Information-Renewal

2. First Name

GARY

3. Middle Initial

F

4. Last Name

NOBERT

5. Maiden Name

1. Please provide your Date of Birth

02/25/1939

6. Gender

Male

7. Ethnicity: Please choose one

Not Hispanic or Latino

8. Race:

White

Email Address Verification

Please be advised that in the future, the Department will no longer be mailing hardcopy renewal notices. Rather, renewal notices will be sent via email. After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that your email address on file is correct. If it is not correct, please update it. Thank you.

9. By entering a date in this field, I confirm that I have verified that the Department has my correct email address on file.

12/16/2015

Workforce Survey Introduction

Dear Licensee:

Thank you for renewing your license online.

The purpose of the next several questions is to allow the Department of Public Health to collect valuable workforce data that is currently unavailable but critical in identifying and addressing healthcare workforce shortage issues.

Thank you for assisting the Department in this important initiative.

Current Workforce Status in Medicine

10. What is your current work status in Medicine?

Part-time (less than 30 hours per week)

Workforce Survey

11. In the next 12 months, do you plan to (please mark all that apply):
Significantly reduce patient care hours?

12. If you are **NOT** working in your licensed profession, please indicate your plans for returning to work in your licensed field.

13. Please provide the number of hours per week that you provide DIRECT PATIENT CARE in your primary professional position.

If you do not provide hours in this category, please indicate 0.
4

14. Please provide the number of hours per week that you work as an ADMINISTRATOR/MANAGER in your primary professional position.

If you do not provide hours in this category, please indicate 0.
0

15. Please provide the number of hours per week that you work as an EDUCATOR/FACULTY in your primary professional position. If you do not provide hours in this category, please indicate 0.
0

16. Please provide the number of hours per week that you work as a RESEARCHER in your primary professional position. If you do not provide hours in this category, please indicate 0.
0

17. If your primary professional position is in a category other than those above, please provide that category in the box below and indicate the number of hours per week.

If you do not provide hours in this category, please indicate 0.
0

18. Please indicate the setting of your primary professional employment.

Enter comments if "Other" is selected.
Outpatient Clinic

Practice Location

If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.

19. Address 1
1 Main Street

20. Address 2

21. City
Hartford

22. State
CT

23. Zip Code
06106

Primary Source of Payment

What percent of your patients have the following source of Payment?

24. Medicare
less than 10%

25. Medicaid
51 - 75%
26. Self-Pay
less than 10%
27. Private Insurance
11 - 25%
28. Other
less than 10%

Connecticut Prescription Monitoring and Reporting System

All prescribing practitioners possessing a Connecticut controlled substance registration (CSP) issued by the Connecticut Department of Consumer Protection (DCP) must register with the Connecticut Prescription Monitoring and Reporting System (CPMRS) online at www.ctpmp.com.

After you have completed this renewal transaction, please visit the DCP's website at www.ct.gov/dcp and select 'Programs & Services' then 'Prescription Monitoring Program' for information regarding registration.

29. I acknowledge that I have read the information regarding registration in the Connecticut Prescription Monitoring and Reporting System.
12/16/2015

Attestation

30. Within the last year, have you been convicted of a felony?
No
34. If yes, please provide details here
31. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?
No
35. If yes, please provide details here
32. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**
12/16/2015
33. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.
12/16/2015

Important Note

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Please note that you will receive your new licensing documents (2 wallet-sized cards and 1 suitable for posting) during the third week of next month.

Thank you for processing your renewal online.

Fee

Pursuant to Public Act 15-5, the Connecticut General Assembly passed legislation that increased license renewal fees by \$5.00. The additional \$5.00 fee is allocated for services provided by the Health Assistance InterVention Education Network (HAVEN), a confidential program designed to assist qualifying health care practitioners who suffer from chemical dependency, emotional or behavioral disorders, or physical or mental illness to maintain their license while receiving the support necessary to practice safely and effectively. To learn more about HAVEN, please visit their website at <http://www.haven-ct.org/>.

Review

2015 License Renewal

Renewal - 1.013026

Name	GARY F NOBERT
Credential	1.013026

Fee Details

Renewal Application Fee	\$570.00
	\$570.00

Demographic Information-Renewal

-
1. First Name
GARY
 2. Middle Initial
F
 3. Last Name
NOBERT
 4. Maiden Name
 5. Please provide your Date of Birth.
02/25/1939
 6. Gender
Male
 7. Ethnicity: Please choose one:
Not Hispanic or Latino
 8. Race:
White

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Current Workforce Status in Medicine

-
9. What is your current work status in Medicine?
Part-time (less than 30 hours per week)

Workforce Survey

-
10. In the next 12 months, do you plan to (please mark all that apply):
Significantly reduce patient care hours?
 11. If you are **NOT** working in your licensed profession, please indicate your plans for returning to work in your licensed field.
 12. Please provide the number of hours per week that you provide DIRECT PATIENT CARE in your primary professional position.

If you do not provide hours in this category, please indicate 0.

8

13. Please provide the number of hours per week that you work as an ADMINISTRATOR/MANAGER in your primary professional position.

If you do not provide hours in this category, please indicate 0.

0

14. Please provide the number of hours per week that you work as an EDUCATOR/FACULTY in your primary professional position. If you do not provide hours in this category, please indicate 0.

3

15. Please provide the number of hours per week that you work as a RESEARCHER in your primary professional position. If you do not provide hours in this category, please indicate 0.

0

16. If your primary professional position is in a category other than those above, please provide that category in the box below and indicate the number of hours per week.

If you do not provide hours in this category, please indicate 0.

17. Please indicate the setting of your primary professional employment.

Enter comments if "Other" is selected.

Outpatient Clinic

Comments: work supervising nurse-practitioners, seeing patients with them. also work at clinic primarily for abortions, some contraceptive/STD treatments, and sometimes resident education here

Practice Location

If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.

18. Address 1

1 Main St

19. Address 2

20. City

Hartford

21. State

CT

22. Zip Code

16106

Primary Source of Payment

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23. Medicare

less than 10%

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51 - 75%

25. Self-Pay

less than 10%

26. Private Insurance

11 - 25%

27. Other
None

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After you have completed this transaction, please visit the DCP's website at www.ct.gov/dcp and select 'Programs & Services' then 'Prescription Monitoring Program' for information regarding registration.

28. I acknowledge that I have read the information regarding registration in the Connecticut Prescription Monitoring and Reporting System.

12/27/2014

Attestation

29. Within the last year, have you been convicted of a felony?

No

30. If yes, please provide details here

31. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

32. If yes, please provide details here

33. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

12/27/2014

34. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

12/27/2014

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Review
