

**The New Mexico Statewide Application  
for Physician/Practitioner Appointment©**  
**Telemedicine Physician Application**

Date of Application: 11/24/2021

Application Fee: **400.00**

**Demographics**

MD

<b>Legal Name</b>	Fleming	Montida	Caroline
	Last	First	Middle
<b>Other Names Used</b>	Montida Caroline Supanya-Fleming		

<b>Gender</b>	M	<b>FX</b>		<b>Place of Birth</b>	Evanston, IL, US	<b>Citizenship</b>	US Citizen
<b>Immigration Status</b>				<b>INS Certification #</b>			
<b>*Social Security Number</b>	[REDACTED]			<b>Date of Birth</b>	[REDACTED]		
<b>*NM Tax ID# (if applicable)</b>				Pending	<input type="checkbox"/>		
<b>*Fed. Tax ID# (if applicable)</b>				Pending	<input type="checkbox"/>		
<b>Current Practice Name</b>	HeyJane						
<b>Practice Limited to: (Clinical Specialty)</b>							
<b>Street</b>	[REDACTED]						
<b>City</b>	New York	<b>State</b>	NY	<b>Zip Code</b>			
<b>Telephone Number</b>		<b>Facsimile</b>					
<b>*Office Manager or Contact Person:</b>	Maddie Corpuz						
<b>Foreign Languages (spoken fluently by practitioner)</b>							
<b>Foreign Languages (spoken fluently at Practice)</b>							
<b>*E-Mail Address (confidential)</b>	licensing.mfleming@medallion.co						
<b>*Current Mailing Address (if different from above -confidential unless no practice address indicated)</b>							
<b>*Street</b>	[REDACTED]						
<b>*City</b>	Oakland	<b>*State</b>	CA	<b>*Zip Code</b>	94619		
<b>Telephone Number</b>	[REDACTED]	<b>Facsimile</b>					
<b>What are your immediate or future Practice Plans in New Mexico?</b>	Telemedicine						
<b>Home Address (Required)</b>							
<b>*Telephone Number</b>	847-363-5098						
<b>Street</b>	2751 Madera Ave						
<b>*City</b>	Oakland	<b>*State</b>	CA	<b>*Zip</b>	94619		

\*Information Confidential

<b>Practice Associates in NM (If Applicable)</b>		<b>Call Coverage in NM (If Applicable)</b>	
<b>Other Practice Locations (If Applicable)</b>			
<b>Practice Name</b>			
Street			
City	State	Zip Code	
Telephone Number	Facsimile		
Answering Service	Effective Date		

**Education** (Please attach a separate sheet, if necessary.)

<b>Undergraduate Education</b>			
<b>College or University</b> New York University			
City	New York	State/Country	NY, US
Zip Code:	10016		
Dates Attended	From: 08/2007	To: 06/2011	Degree BA
Graduation Date	06/01/2011		
<b>College or University</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Degree
Graduation Date			
<b>Professional / Medical Education</b>			
<b>College or University</b> Sidney Kimmel Medical College at Thomas Jefferson University Doctor of Medicine (MD)			
City	Philadelphia	State/Country	PA, US
Zip Code:	19125		
Dates Attended	From: 07/2012	To: 06/2016	Degree MD
Graduation Date	06/02/2016		
<b>College or University</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Degree
Graduation Date			
<b>Graduate Education</b>			
<b>College or University</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Degree
Graduation Date			
<b>College or University</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Degree
Graduation Date			
<b>Internship/ Residency/ Fellowship</b>			
<b>Institution Name</b> University of California San Francisco School of Medicine			
City	San Francisco	State/Country	CA
Zip Code:	94110		
Dates Attended	From: 06/2016	To: 06/2019	Field
<b>Institution Name</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Field
<b>Institution Name</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Field
<b>Institution Name</b>			
City		State/Country	
Zip Code:			
Dates Attended	From:	To:	Field

**Work History** Please list all previous practice experience for the last 15 years, including military or government service, listing the most recent first. If military service, state type of discharge and rank achieved **and attach copy of discharge or separation documents**. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more.

<b>Location</b>	HeyJane	From	7/2021	To	Present
<b>Street</b>	2578 Broadway	<b>Phone Number</b>			
<b>City</b>	New York	<b>State</b>	NY	<b>Zip Code</b>	10025
<b>Type of Practice</b>		<b>Contact Person</b>	Maddie Corpuz		
<b>Type of Discharge</b>		<b>Rank Achieved</b>			
<b>Location</b>	FOLX Health	From	6/2020	To	Present
<b>Street</b>	One Boston Pl.	<b>Phone Number</b>			
<b>City</b>	Boston	<b>State</b>	MA	<b>Zip Code</b>	02108
<b>Type of Practice</b>		<b>Contact Person</b>			
<b>Type of Discharge</b>		<b>Rank Achieved</b>			
<b>Location</b>	Plume	From	6/2020	To	Present
<b>Street</b>	303 S. Broadway Suite 200-357	<b>Phone Number</b>			
<b>City</b>	Denver	<b>State</b>	CO	<b>Zip Code</b>	80209
<b>Type of Practice</b>		<b>Contact Person</b>			
<b>Type of Discharge</b>		<b>Rank Achieved</b>			
<b>Location</b>	University of California Berkeley University	From	12/2019	To	Present
<b>Street</b>	2222 Bancroft Way	<b>Phone Number</b>			
<b>City</b>	Berkeley	<b>State</b>	CA	<b>Zip Code</b>	94720
<b>Type of Practice</b>		<b>Contact Person</b>			
<b>Type of Discharge</b>		<b>Rank Achieved</b>			

**Hospital and Health Facility Affiliation History** (other than postgraduate training)  N/A

Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. **Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application.**

<b>(1) Current Primary Admitting Facility (Hospital Name)</b>		San Francisco General Hospital			
<b>Street</b>	1001 Potrero Avenue				
<b>City</b>	San Francisco	<b>State</b>	CA	<b>Zip Code</b>	94110
<b>Telephone Number</b>		<b>Facsimile</b>			
<b>Appointment Dates</b>	<b>From:</b> 10/2019	<b>To:</b> Present			
<b>Type of Appointment</b>	Staff Physician, Assistant Clinical Professor				
<b>Privileges Assigned</b>	Admitting, inpatient, outpatient, pregnancy ultrasound, and thoracentesis				
<b>(2) Facility Name</b>					
<b>Street</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Telephone Number</b>		<b>Facsimile</b>			
<b>Appointment Dates</b>	<b>From:</b>	<b>To:</b>			
<b>Type of Appointment</b>					
<b>Privileges Assigned</b>					
<b>(3) Facility Name</b>					
<b>Street</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Telephone Number</b>		<b>Facsimile</b>			
<b>Appointment Dates</b>	<b>From:</b>	<b>To:</b>			
<b>Type of Appointment</b>					
<b>Privileges Assigned</b>					

<b>(4) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number		Facsimile		
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
<b>(5) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number		Facsimile		
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
<b>(6) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number		Facsimile		
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
<b>(7) Facility Name</b>				
Street				
City		State		ZIP Code
Telephone Number		Facsimile		
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
<b>(8) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number		Facsimile		
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				

**Professional References** Please list three professional peers familiar with your professional performance in the past 5 years, (not including current or impending partners or associates in practice).

<b>(1) Name and Title</b> Theresa Villela, MD; Chief of Family and Community Medicine				
Address 1001 Portrero Avenue				
City	San Francisco	State	CA	Zip Code 94110
Telephone Number	528-206-2889	Facsimile		
<b>(2) Name and Title</b> Margaret Stafford, MD; Director, Family Medicine Inpatient Services				
Address 1001 Portrero Avenue				
City	San Francisco	State	CA	Zip Code 94110
Telephone Number	528-206-4662	Facsimile		
<b>(3) Name and Title</b> Diana Coffa; Residency Program Director				
Address 1001 Portrero Avenue				
City	San Francisco	State	CA	Zip Code 94110
Telephone Number	528-206-5324	Facsimile		

Work History continued...

Whole Woman's Health; 12/2019 - Present  
4100 Duval Rd. Suite 201, Austin, TX 78759

UCSF at San Francisco General Hospital; 10/2019 - Present  
1001 Potrero Ave, San Francisco, CA 94110

TEACH Reproductive Health; 09/2019 - 09/2020  
335 S. Van Ness Ave, San Francisco, CA 94103

St James Infirmary Clinic; 12/2018 - Present  
730 Polk St., San Francisco, CA 94109

University of Pennsylvania ; 07/2011 - 07/2012  
Univ of Penn, Philadelphia, PA

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**LICENSE HISTORY**

<b>Jurisdiction</b>	<b>License Number</b>	<b>Issue Date</b>	<b>Expiration Date</b>
CALIFORNIA	A-152800	11/20/2017	01/31/2023
FLORIDA	ME152563	08/24/2021	01/31/2024
GEORGIA	90310	09/28/2021	01/31/2023
ILLINOIS	036157659	07/12/2021	07/31/2023
MICHIGAN	4301505125	07/01/2021	07/01/2024
NEW YORK	306921	08/18/2020	07/31/2022
NORTH CAROLINA	2021-00361	02/06/2021	01/27/2022
OHIO	APP-000376724		
OHIO	35.141410	02/19/2021	02/19/2023
PENNSYLVANIA	MD474647	06/24/2021	12/31/2022
TEXAS	BP10065823	01/02/2019	01/25/2019
TEXAS	S3072	07/26/2019	08/31/2022
VIRGINIA	0101272667	07/09/2021	01/31/2024
WASHINGTON	MD61094618	09/24/2020	01/27/2023

### Licensure-Registration-Certification Information

ECFMG Number (if applicable)		n/a	
State Professional License/Certification Number			
State	CA	Issue Date	11/20/2017
Expiration Date	1/31/2023	Pending	<input type="checkbox"/>
All Other State License Numbers (regardless of status - attach separate list if necessary)			
State	Number	Issue Year	Expiration Date
CA	A152800	2017	01/31/2023
TX	S3072	2019	08/31/2022
NY	306921	2020	07/31/2022
*Federal Drug Enforcement Admin. (DEA) Registration			N/A <input type="checkbox"/>
Number	FS7238896	Exp. Date	9/30/2024
*State Controlled Substance Registration (CSR)			N/A <input checked="" type="checkbox"/>
Number		State	
Exp. Date		Pending	<input type="checkbox"/>
*Medicare Unique Physician Identification Number (UPIN)			1124481015
Pending <input type="checkbox"/>			
*State Medicaid Provider Number			
Pending <input type="checkbox"/>			
*National Provider Identification Number			1124481015
Pending <input type="checkbox"/>			

### Specialty Board Certifications N/A

**Are you Board Certified?**  Yes  No **Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

<b>Certified/Recertified by the:</b>			
1. American Board of Family Medicine (ABFM)			
Date Certified	7/1/2019	Date Last Recertified	
Expiration Date	n/a		
2.			
Date Certified		Date Last Recertified	
Expiration Date			
3.			
Date Certified		Date Last Recertified	
Expiration Date			
<b>Accepted for Examination by the:</b>			
Until (expiration date)		If not accepted, have you made application?	Yes No
<b>Certified/Recertified by the Subspecialty Board of</b>			
1.			
Date Certified		Date Last Recertified	
Expiration Date			
2.			
Date Certified		Date Last Recertified	
Expiration Date			
<b>Accepted for Examination by the Subspecialty Board of</b>			

### Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Current Carrier	Acord	Current	<input checked="" type="checkbox"/>
Address		Pending	<input type="checkbox"/>
Dates Insured	From	To	Policy #
8/12/2021	12/7/2020	12/7/2021	W2D4CF200101
Coverage Limits			

**Licensing Exam:** Please check all that apply:

State Board Exam (Prior to 1973) Which state? \_\_\_\_\_ Date(s) passed? \_\_\_\_\_

FLEX                       LMCC                       National Board (NBME)                       USMLE

Part/Step 1 Date Passed 06/2014      Part/Step 2 Date Passed 07/2015      Part/Step 3 Date Passed 03/2017  
 Month/Year                      Month/Year                      Month/Year

**Professional Practice Questions** Please answer all of the following Yes or No questions. If you answer YES to 1-19 and 21, and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1. Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional competence or conduct?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>



<b>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:</b> <ul style="list-style-type: none"><li>• Name, age, sex of patient/claimant.</li><li>• Date(s) and type of treatment and/or surgery, which led to the allegations against you.</li><li>• Nature of allegations in claims/suits. Specify whether a suit was ever filed.</li><li>• Names of other practitioners and hospital, if any, involved in claims or suit.</li><li>• Disposition or current status of claim or suit (be specific).</li><li>• Name of insurance carrier defending you.</li><li>• Name of defense attorney.</li></ul>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>16. Have you ever been reported to the National Practitioner Data Bank?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>17. a) Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>b) Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>18. Do you have or have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>19. Have you ever, for any reason:</b> <b>a) Resigned from a medical school or postgraduate training (PGT) program?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>b) Withdrawn from a medical school or postgraduate training program?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>20. I attest that I will limit my practice to areas in which I am competent to practice.</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**If you answer YES to questions 1-19 and 21 and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.**

**Licensing Exam:** Please check all that apply:

**State Board Exam (Prior to 1973)** Which state? \_\_\_\_\_ Date(s) passed? \_\_\_\_\_

**FLEX**                       **LMCC**                       **National Board (NBME)**                       **USMLE**

Part/Step 1 Date Passed 06/2014      Part/Step 2 Date Passed 07/2015      Part/Step 3 Date Passed 03/2017  
 Month/Year                      Month/Year                      Month/Year

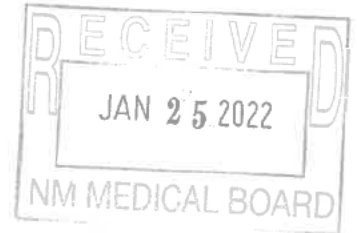
**Professional Practice Questions** Please answer all of the following Yes or No questions. If you answer YES to 1-19 and 21, and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1. Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional competence or conduct?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

<p><b>15.</b> Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? <b>If yes, please provide the following information on the attached Malpractice History form for each case:</b></p> <ul style="list-style-type: none"> <li>• Name, age, sex of patient/claimant.</li> <li>• Date(s) and type of treatment and/or surgery, which led to the allegations against you.</li> <li>• Nature of allegations in claims/suits. Specify whether a suit was ever filed.</li> <li>• Names of other practitioners and hospital, if any, involved in claims or suit.</li> <li>• Disposition or current status of claim or suit (be specific).</li> <li>• Name of insurance carrier defending you.</li> <li>• Name of defense attorney.</li> </ul>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>16.</b> Have you ever been reported to the National Practitioner Data Bank?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>17. a)</b> Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p><b>b)</b> Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</p>	[REDACTED]	[REDACTED]
<p><b>18.</b> Do you have or have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? <b>If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.</b></p>	[REDACTED]	[REDACTED]
<p><b>19.</b> Have you ever, for any reason:</p> <p><b>a)</b> Resigned from a medical school or postgraduate training (PGT) program?</p> <p><b>b)</b> Withdrawn from a medical school or postgraduate training program?</p> <p><b>c)</b> Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p><b>d)</b> Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p><b>e)</b> Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>20.</b> I attest that I will limit my practice to areas in which I am competent to practice.</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p><b>21.</b> Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**If you answer YES to questions 1-19 and 21 and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.**

New Mexico Medical Board  
2055 S. Pacheco St. Bldg. 400  
Santa Fe, NM 87505 (505) 476-7220



**APPLICANT'S OATH**

I, Montida Fleming, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



[Handwritten Signature]  
Applicant Signature

1/15/22  
Date

\*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name Montida Fleming Date 1/15/22

**New Mexico Medical Board**  
2055 S. Pacheco St. Bldg. 400  
Santa Fe, NM 87505 (505) 476-7220

**APPLICANT'S OATH**

I, Montida Caroline Fleming, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



11/24/2021

Applicant Signature

Date

\*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

# Montida C. Fleming, MD

Oakland, CA 94619

Phone: [REDACTED]

Email: [REDACTED]

Pronouns: she/her/hers

## Education and Training

<b>University of California, San Francisco</b> , San Francisco, CA Family and Community Medicine Residency Program	2016 – 2019
<b>Sydney Kimmel Medical College at Thomas Jefferson University</b> , Philadelphia, PA Doctor of Medicine, Summa Cum Laude Urban Underserved Program, Population Health Track AOA Honor Society, Gold Humanism Honor Society	2012 – 2016
<b>New York University</b> , New York, NY Bachelor of Arts, Gender and Sexuality Studies Major, Chemistry Minor	2007 – 2011

## Certifications

American Board of Family Medicine, Board Certified	2019 – present
Certified Buprenorphine Prescriber for Treatment of Opiate Use Disorder	2018 – present
Nexplanon Insertion Certification	2016 – present
Advanced Life Support in Obstetrics Instructor Certification	2018 – present
Advanced Life Support in Obstetrics Provider Certification	2017 – present
Advanced Cardiac Life Support Certification	2016 – present

## Licensure

Medical Board of California, Licensed Physician	
• DEA Registered	
Texas Medical Board, Licensed Physician	
• DEA Registered with OBA designation	
New York State Education Department, Licensed Physician	
• DEA Registered	
Washington Medical Commission, Licensed Physician	
• DEA Registered	
Ohio Medical Board, Licensed Physician	
North Carolina Medical Board, Licensed Physician	
Florida Department of Health, Registered Telehealth Physician	
Additional pending state licensure: Massachusetts, Illinois, Georgia, Pennsylvania, Michigan, Tennessee, Florida	

## Clinical Experience

<b>Clinical Instructor, Staff Physician, UCSF, San Francisco General Hospital</b> , San Francisco, CA	2019 - present
• Teach and provide clinical supervision for family medicine residents in an outpatient primary care setting.	
• Teach and provide clinical supervision for family medicine residents in an inpatient setting at San Francisco General Hospital, including inpatient procedural skills.	
• Teach pregnancy ultrasound skills, LARC and intrauterine procedural skills, and clinical training in medication abortion, miscarriage management, prenatal care, and newborn care in reproductive health-focused clinic at Family Health Center.	
• Conduct patient visits and oversee clinical fellows in addiction medicine clinic at Family Health Center.	
<b>Independent Contractor, Abortion Provider, Whole Woman's Health</b> , Austin, TX	2019 – present
• Provide medication and aspiration abortion to 13 weeks and 6 days	
• Assess completion of medication abortion, treat and provide counseling on incomplete medication abortion	
• Perform dating and follow up ultrasound as needed	
• Teach first year OBGYN residents in medication abortion and first trimester aspiration abortion	

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# Montida C. Fleming

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**Telehealth Clinician, Folx Health, Boston, MA** 2020 – present

- Serve as a clinician leader in the development and direction of Folx Health, a queer-centered telehealth platform focused on empowerment and access.
- Provide patient centered care to queer and gender expansive communities.

**Independent Contractor, Telehealth Provider, Plume, Denver, CO** 2020 – present

- Provide gender affirming hormone therapy to transgender and gender expansive communities on a telehealth platform focused on expanding access to care through reducing barriers.

**Per Diem Physician, Tang University Health Center, UC Berkeley, Berkeley, CA** 2019 – present

- Conduct urgent and primary care visits with undergraduate and graduate students at UC Berkeley
- Conduct sexual and reproductive health, behavioral health, and personal safety screenings to provide education and harm reduction based recommendations or treatments as needed.

**Volunteer Physician, Saint James Infirmary, San Francisco, CA** 2018 – present

- Conduct medical visits at a free clinic focused on primary and preventative healthcare for sex workers in a supportive and non-judgmental environment.

**UCSF Family and Community Residency Program at San Francisco General Hospital** 2016 – 2019

**Advanced Trainee, Continuing Reproductive Education for Advanced Training Efficacy (CREATE)**

- Trained in advanced first trimester abortion and attended reproductive health advocacy seminars. Completed a project implementing Mifepristone pretreatment for miscarriage management in primary care clinic.

**Primary Care Provider, Family Health Center**

- Provided family-oriented full spectrum primary care to a diverse urban underserved patient population. Competent in IUD and Nexplanon insertion and removal, EMB, office-based skin and joint procedures, and substance use treatment. Experienced in using phone and in-person interpretation services.

**Senior Resident, Family Medicine Inpatient Service**

- Led inpatient teams of residents and medical students in caring for medically and socially complex hospitalized patients within a safety-net county hospital system.

**Counselor, Family Care Unit**

- Counseled patients and families on complex psychosocial issues using techniques in psychotherapy, family systems, and relationship analysis under the supervision of faculty clinical psychologist.

**Project Leader, Clinical Quality Improvement Project**

- Implemented new protocol for use of Mifepristone pre-treatment for Early Pregnancy Loss management at the Family Health Center in collaboration with co-residents. Created an educational session for attending and resident providers as well as a new clinic-specific workflow.

**Gender Affirming Care Elective**

- Created an elective to improve skills in caring for transgender and gender non-conforming patient populations, including attending clinical sessions at the UCSF Transgender Center for Excellence, Dimensions Trans Youth Clinic, and studying the UCSF Transgender Clinical Guidelines.

## Leadership and Service Experience

**Northern California Cluster Leader, Reproductive Health Access Project** 2019 – present

- Lead regional members of the national organization focused on expansion of reproductive health and abortion access through education, training, and advocacy particularly amongst family medicine providers and advanced practice clinicians.

**Leadership Fellow, Training in Early Abortion for Comprehensive Healthcare (TEACH)** 2019 – 2020

- Mentored Family Medicine residents across academic and community Bay Area programs in reproductive health procedural training and advocacy skill building
- Planned seminars and built curriculum pertaining to reproductive healthcare, advocacy, and justice
- Developed clinical and teaching skills to train future abortion providers

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# Montida C. Fleming

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- Wrote and edited chapters of the TEACH Early Abortion Curriculum version update pertaining to updated evidence-based protocols in Medication Abortion and Pre-Abortion Evaluation.

**Leadership Training Academy Fellow, *Physicians for Reproductive Health*** 2019 – 2020

- Completed a one-year fellowship focused on building skills in local and national advocacy and media engagement specific to comprehensive sexual and reproductive healthcare through policy and public relations.

**Resident Leader, *Encampment Health Fairs*, San Francisco, CA** 2018 – 2019  
University of California, San Francisco

- Coordinated encampment-based health fairs bringing harm reduction practices and primary care referrals to people experiencing homelessness.
- Completed a community engagement project to integrate the events into the residency curriculum to build sustainability and improve resident education in street medicine.

**Project Director, *JeffH.O.P.E. (Health Opportunities, Prevention, and Education)*, Philadelphia, PA** 2013 – 2015  
Thomas Jefferson University

- Led the student-run free clinic organization, developed a policy guide, and refocused the mission to more sustainably provide health education, address acute needs, and bridge patients to primary care.
- Counseled patients on resources, made community referrals, and provided health education on a weekly basis at Prevention Point's syringe exchange associated mobile clinic.

**Pregnancy Options Counselor, Recovery Room Assistant, *Planned Parenthood of New York City*** 2010 – 2011  
Margaret Sanger Center, Boro Hall Center

- Provided pregnancy test results to patients and provided pregnancy or contraception options counseling and scheduled appointments or provided referrals depending on their needs.
- Oversaw the care of patients recovering from a surgical abortion procedure; Ensured mental, physical, and emotional comfort of the patients.

## Advocacy Experience

**California Academy of Family Physicians**

- Wrote and provided testimony in support of resolutions for:
  - Requiring use of preferred gender pronouns at all AAFP-affiliated events to promote a culture of gender inclusivity (passed 2019)
  - To remove ultrasound requirements for Medi-Cal reimbursement of medication abortion (pending final decision)
  - In support of ending police brutality through defunding police and re-investing in communities (passed with revisions 2020)
- Led regional groups on writing 8 different resolutions to CAFP in 2020, including providing content guidance, editing support, and providing supportive testimony, in topics ranging from reproductive health to addiction medicine to immigrant rights to elimination of race-based medicine.

**Media**

- Provided comments for Healthline News on impact on confirmation of new Supreme Court Justice and health impacts if *Roe v. Wade* was overturned. Published October 27, 2020.
- Provided interview for Supermajority News on harms of new visa legislation aimed at targeting non-citizen individuals giving birth in the U.S. Published January 24, 2020.
- Recorded video op-ed with NowThis on the harms of misinformation and manipulation tactics of Crisis Pregnancy Centers ahead of the *NIFLA vs Becerra* Supreme Court case. Published March 21, 2018.

## Teaching Experience

**Advanced Life Support in Obstetrics (ALSO) Instructor, *University of California, San Francisco*** 2018 – present

- Teach and test first-year residents on hands-on skills for ALSO provider course.



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# Montida C. Fleming

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**Resident Clinical Preceptor**, *University of California, San Francisco* 2018 – 2019

- Provided clinical supervision to Nurse Practitioner students in a primary care clinic as third year resident.
- Taught outpatient primary care knowledge and skills.

**Group Facilitator**, *University of California, San Francisco* 2018 – 2019

- Led case-based discussions on core family medicine topics for 3<sup>rd</sup> year medical students.

**Senior Health Educator**, *Peer Health Exchange* 2008 – 2011

- Taught ninth grade students in NYC public schools workshops about Contraception and Healthy Decision Making and Communication. Served as a role model to newer health educators.

## Additional Academic and Creative Projects

**Contributor and Editor**, TEACH Early Abortion Curriculum, Curriculum update 2020

- Chapter 3: Pre-Abortion Evaluation
- Chapter 4: Medication Abortion

**Writer and Editor**, Family Health Center Medication Abortion Protocol update 2020

**Evaluator**, Innovating Education for Reproductive Health, Abortion Course evaluation and update 2020

- Abortion in the Primary Care Setting
- Teaching Professionalism for Abortion Care
- Managing Complications of Procedural Abortion, Part 1

## Interests and Skills

### Languages

Conversational Thai with basic reading skills, Intermediate Spanish

### Hobbies

Snowboarding, hiking, yoga, reading, traveling



# AMA Physician Profile

PREPARED FOR  
New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

MONTIDA CAROLINE FLEMING  
[REDACTED]  
OAKLAND, CA 94619-3223

**Primary Office Address**

1001 POTRERO AVE  
SAN FRANCISCO, CA 94110-3518

**Birth date**

[REDACTED]

**Phone** UNKNOWN

**Physician's major professional activity**

HOSPITAL BASED RESIDENTS - ALL YEARS

**Self-designated practice specialty**

FAMILY MEDICINE (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status** NON MEMBER

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All information from this point forward is provided by the primary source

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1124481015	03/30/2016	NOT RPTD	NOT RPTD	NOT RPTD	12/17/2021

**Current and/or historical medical school**

SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY

Degree Awarded: YES  
Degree Year: 2016



**Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)**

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

*If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.*

**Sponsoring Institution:** UNIVERSITY OF CALIFORNIA (SAN FRANCISCO) SCHOOL OF MEDICINE  
**Sponsoring State:** CALIFORNIA  
**Program name:** UNIVERSITY OF CALIFORNIA (SAN FRANCISCO) PROGRAM  
**Specialty:** FAMILY MEDICINE  
**Training Type:** SPECIALTY  
**Dates:** 6/2016 - 6/2019 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

**Specialty Board Certification**

*Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:*

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.*

**Certifying board:** AMERICAN BOARD OF FAMILY MEDICINE



Certificate: FAMILY MEDICINE  
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC <sup>+</sup>	Active	07/01/2019	n/a	02/15/2022	INITIAL	12/14/2021	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

#### Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
152800	MD	CA	11/20/2017	01/31/2023		ACT	UNL	12/08/2021	MONTIDA CAROLINE FLEMING
MD474647	MD	PA	06/24/2021	12/31/2022		ACT	UNL	10/07/2021	MONTIDA FLEMING
S3072	MD	TX	07/26/2019	08/31/2022	08/12/2019	ACT	UNL	12/06/2021	MONTIDA CAROLINE FLEMING
BP10065823	MD	TX	01/02/2019	01/25/2019		INA	RES	01/03/2019	NRT

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

#### Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.



To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

**U.S. Drug Enforcement Administration (DEA)**

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
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None Reported

\* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

**ECFMG Certification**

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfmg.org/>

**Profile Information**

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.



If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:12/22/2021

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**PRACTITIONER INFORMATION**

Name: Fleming, Montida Caroline  
 Alternate Name(s): ~~Supanya Fleming, Montida Caroline~~  
 DOB: [REDACTED]  
 Medical School: Sidney Kimmel Medical College at Thomas Jefferson University  
 Philadelphia, Pennsylvania, UNITED STATES  
 Year of Grad: 2016  
 Degree Type: MD  
 NPI: 1124481015

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**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1124481015	Individual			02/26/2021

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-152800	11/20/2017	01/31/2023	12/22/2021
		FSMB License Status: Active		
FLORIDA	ME152563	08/24/2021	01/31/2024	12/14/2021
		FSMB License Status: Active		
GEORGIA	90310	09/28/2021	01/31/2023	12/17/2021
		FSMB License Status: Active		

**PRACTITIONER PROFILE**

Prepared for: New Mexico Medical Board As of Date: 12/22/2021

Practitioner Name: Fleming, Montida Caroline

ILLINOIS	036157659	07/12/2021	07/31/2023	09/30/2021
		FSMB License Status: Active		
MICHIGAN	4301505125	07/01/2021	07/01/2024	11/02/2021
		FSMB License Status: Active		
NEW YORK	306921	08/18/2020	07/31/2022	12/22/2021
		FSMB License Status: Active		
NORTH CAROLINA	2021-00361	02/06/2021	01/27/2023	12/02/2021
		FSMB License Status: Active		
OHIO	APP-000376724			12/16/2021
		FSMB License Status: Pending		
OHIO	35.141410	02/19/2021	02/19/2023	12/16/2021
		FSMB License Status: Active		
PENNSYLVANIA	MD474647	06/24/2021	12/31/2022	11/01/2021
		FSMB License Status: Active		
TENNESSEE	62627	11/30/2021	01/31/2023	12/20/2021
		FSMB License Status: Active		
TEXAS	BP10065823	01/02/2019	01/25/2019	12/01/2021
		FSMB License Status: Terminated		
TEXAS	S3072	07/26/2019	08/31/2022	12/01/2021
		FSMB License Status: Active		
VIRGINIA	0101272667	07/09/2021	01/31/2024	12/16/2021
		FSMB License Status: Active		
WASHINGTON	MD61094618	09/24/2020	01/27/2023	11/30/2021
		FSMB License Status: Active		

**ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)**



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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:12/22/2021

Practitioner Name: Fleming, Montida Caroline

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<b>DEA Number</b>	<b>Schedule</b>	<b>Address</b>	<b>Expiration Date</b>	<b>Last Reported</b>
FS7238896	22N 33N 4 5	SAN FRANCISCO,CA 94110	09/30/2024	12/07/2021
FF9904459	22N 33N 4 5	NEW YORK,NY 10168	09/30/2023	12/07/2021
FF8781052	22N 33N 4 5	AUSTIN,TX 78759	09/30/2022	12/07/2021
FF9855670	22N 33N 4 5	TUMWATER,WA 98501	09/30/2023	12/07/2021

**PRACTITIONER PROFILE**

Prepared for: New Mexico Medical Board As of Date:12/22/2021  
 Practitioner Name: Fleming, Montida Caroline

**ABMS® CERTIFICATION HISTORY**

Certifying Board: American Board of Family Medicine  
 Certificate: Family Medicine  
 Certification Type: General  
 Certification Status: Certified  
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2019		02/15/2022	Initial	11/25/2021

*The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.*

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

**Licensing Program**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
Phone: (916) 263-2382  
Fax: (916) 263-2487  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

January 4, 2022

New Mexico Medical Board  
2055 S. Pacheco, Bldg. 400  
Santa Fe, NM 87505

To Whom It May Concern:

This is to certify that as of January 3, 2022, the records of the Medical Board of California (Board) indicate the following information:

Physician:	<b>MONTIDA CAROLINE FLEMING</b>
License Number:	A152800
Issued Date:	November 20, 2017
Exam Type:	A Written Examination
Expiration Date:	January 31, 2023
License Status:	Current
Board Discipline and/or Administrative Action:	No

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at [central.fileroom@mbc.ca.gov](mailto:central.fileroom@mbc.ca.gov), by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor  
Chief of Licensing

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

---

January 04, 2022

New Mexico Medical Board  
2055 S. Pacheco, Bldg. 400  
Santa Fe, NM 87505

RE: License Certification for Montida Caroline Fleming

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME152563
ORIGINAL CERTIFICATION:	08/24/2021
EXPIRATION DATE:	01/31/2024
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	None

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595.



---

**Florida Department of Health**  
**Division of Medical Quality Assurance**  
4052 Bald Cypress Way, Bin C-10 / Tallahassee, FL 32399  
PHONE: 850/488-0595 / FAX: 850/487-9626  
**FloridaHealth.gov**

 **Accredited Health Department**  
Public Health Accreditation Board

# Georgia Composite Medical Board

Interim Executive Director  
Jonathan McGehee



Chairperson  
Despina D. Dalton, MD

Vice Chairperson  
Matthew Norman, MD

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

January 04, 2022

**RE: Montida Fleming**

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Composite Medical Board.

It is further certified that:

The license number is **90310** and was issued on **September 28, 2021**.

The current license status is **Active**.

The license expiration date is **January 31, 2023**.

**Board Actions:** A review of public records indicates that no public board orders have been docketed.

Dated this day Tuesday, January 4, 2022.

Sincerely,

**Jonathan McGehee**

Interim Executive Director  
Georgia Composite Medical Board  
2 Peachtree Street, NW, 6th Floor  
Atlanta, GA 30303



# Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker  
Governor

Mario Treto, Jr.  
Acting Secretary

Cecilia Abundis  
Director  
Division of  
Professional  
Regulation

## CERTIFICATION OF LICENSURE

1 Boston Pl  
Suite 2600  
Boston, MA 02108-4420

Licensee: License Montida Flemina MD

Number: 036.157659

Profession: LICENSED PHYSICIAN AND SURGEON

Date of Issuance: 07/12/2021

Expiration Date: 07/31/2023

License Status: ACTIVE

License Method: ENDORSEMENT

Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/13/2022

Cecilia Abundis  
Director

01/13/2022

Division of Professional Regulation

Date

Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**VERIFICATION OF LICENSURE  
MICHIGAN BOARD OF MEDICINE  
VERIFICATION OF LICENSURE AS OF January 04, 2022**

**NAME:** Montida Caroline Fleming **BIRTHDATE:** 1989  
**ADDRESS:** [REDACTED]  
Oakland CA 94619

**TYPE:** Medical Doctor **ORIGINAL DATE:** 07/01/2021  
**LICENSE NUMBER:** 4301505125 **STATUS:** Active **EXPIRATION DATE:** 07/01/2024  
**OBTAINED BY:** Endorsement

EXAM DATE EXAM TYPE EXAM SCORE OR RESULT

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS N

This verification was produced by VeriDoc on behalf of the State of Michigan with  
license information last updated on: 1/4/2022.



## Office of the Professions

### Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

#### License Information \*

01/14/2022

**Name :** FLEMING MONTIDA

**Address :** OAKLAND CA

**Profession :** MEDICINE

**License No:** 306921

**Date of Licensure :** 08/18/2020

**Additional Qualification :**

**Status :** REGISTERED

**Registered through last day of :** 07/22

**Medical School:** JEFFERSON MEDICAL COLLEGE **Degree Date :** 06/02/2016

(Use your browser's back key to return to licensee list.)

\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

**Note:** The Board of Regents does not discipline *physicians(medicine)*, *physician assistants*, or *specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)

- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M."DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)







# North Carolina Medical Board

January 04, 2022

<b>Name:</b>	Fleming, Montida Caroline, MD
<b>Renewal Date:</b>	01/27/2023
<b>Public Action:</b>	No

License Number	License Type	Issue Date	Current Status	Expire Date
2021-00361	MD	02/06/2021	Active	

Public Actions can be found at [www.ncmedboard.org](http://www.ncmedboard.org).

To receive certified copies of Public Actions, please email [PublicDocuments@ncmedboard.org](mailto:PublicDocuments@ncmedboard.org).

For general Verification questions, email [verifications@ncmedboard.org](mailto:verifications@ncmedboard.org).

Sincerely,

R. David Henderson  
Chief Executive Officer



## Verification of Licensure

This verification of licensure shows that as of **1/13/2022**, this licensee has the below listed license status and formal action. **As with all licensees, this could change upon future Board disciplinary action, which can be found at [elicense.ohio.gov/oh\\_verifylicense](http://elicense.ohio.gov/oh_verifylicense).**

<b>Full Name:</b>	Montida Fleming
<b>Date of Birth:</b>	[REDACTED]
<b>Type of License:</b>	Doctor of Medicine (MD)
<b>License Number:</b>	35.141410
<b>Original Licensure Date:</b>	02/19/2021
<b>Effective Date:</b>	2/19/2021
<b>Expiration Date:</b>	02/19/2023
<b>Status:</b>	Active
<b>Sub-status:</b>	
<b>Board Action:</b>	No
<b>Board Action Summary:</b>	



If you need additional information or to receive certified copies of a public record, please send an email request to [Med-PublicRecordRequests@med.ohio.gov](mailto:Med-PublicRecordRequests@med.ohio.gov). All communications to the Board must include the name and license number of the licensee. For general license verification questions, send an email to [license@med.ohio.gov](mailto:license@med.ohio.gov).



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
POST OFFICE BOX 2649  
HARRISBURG, PA 17105-2649  
[www.dos.pa.gov](http://www.dos.pa.gov)

01/13/2022

### Verification/Certification of License

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

**NAME:** MONTIDA FLEMING  
**LICENSE TYPE:** Medical Physician and Surgeon  
**LICENSE #:** MD474647  
**LICENSE STATUS:** Active  
**LICENSE ISSUE DATE:** 06/24/2021  
**LICENSE EXPIRATION DATE:** 12/31/2022  
**DISCIPLINARY HISTORY:** No Disciplinary Action Exists

A handwritten signature in black ink, appearing to read "K. Kalonji Johnson".

K. Kalonji Johnson, Commissioner  
Bureau of Professional and Occupational Affairs



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS

665 Mainstream Dr.  
Nashville, TN 37243

[tn.gov/health](http://tn.gov/health)

TENNESSEE BOARD OF MEDICAL EXAMINERS  
1-800-778-4123 or (615) 532-4384

January 14, 2022

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Board of Medical Examiners. The Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION : Medical Doctor  
RANK : Medical Doctor  
NAME : Fleming, Montida Caroline  
LICENSE NUMBER: 62627  
ISSUE DATE : 11/30/2021  
EXPIRATION DATE : 01/31/2023  
STATUS : Licensed  
STATUS DATE : 11/30/2021  
SPECIAL ENDORSEMENTS : Family Medicine

COMMENTS : There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Tennessee Board of Medical Examiners



# Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018  
Phone (512) 305-7010

NEW MEXICO MEDICAL BOARD  
2055 S PACHECO BLDG 400  
SANTA FE, NM 87505-

January 13, 2022

For: NEW MEXICO MEDICAL BOARD

In response to a recent request, we verify the following information:

\*\*\*\*\*

Physician: MONTIDA CAROLINE FLEMING, MD  
License: S3072  
Date Issued: 07/26/2019  
Licensed by:  
Date of Birth: 1989  
Medical School: JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV, PHILADELPHIA  
Graduation Year: 2016  
Permit Expires: 08/31/2022

**Registration Status:**

This is to certify that the above-named physician is licensed to practice medicine in Texas.

**Disciplinary Status:**

The board has not filed any formal complaints or statements of charges against this physician.

**Investigation Status:**

Not applicable.

\*\*\*\*\*

If you have any further questions, please contact the Hearings division

Sincerely,

*Chris McElrath*

Customer Information Center

BOARD SEAL





# Texas Medical Board

## Healthcare Provider Verification / Profile

[Search](#) [Back](#) [Print Verification](#)

### Physician-in-Training Permit

**NAME:** MONTIDA CAROLINE FLEMING

**LICENSE:** BP10065823

**INFORMATION CURRENT AS OF:** 1/14/2022

**CURRENT STATUS: PERMIT TERMINATED**

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

#### Verified Information

**Year of Birth:** 1989

**License Number:** BP10065823 Physician-in-Training Permit

**Begin Date:** 01/02/2019

**Expiration Date:** 01/25/2019

**Current Status:** PERMIT TERMINATED as of 01/25/2019

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

#### ⊕ Current Board Action

THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

#### Self Reported Information


**Gender:** FEMALE


**Current Primary Practice Address:**

4100 DUVAL RD.

STE 2-201

AUSTIN, TX 78759

 **Education**

 **Summary of all Licenses**

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Please contact the TMB Call Center at (512) 305-7030 for assistance.

# COMMONWEALTH of VIRGINIA



David E. Brown, D.C.  
Director

Department of Health Professions  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

www.dhp.virginia.gov  
TEL (804) 367-4400  
FAX (804) 527-4475

## VERIFICATION

Re: **Montida Caroline Fleming**  
From: Virginia Board of Medicine  
Subj: Licensure Verification  
Date: January 04, 2022

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine:

Licensed in/as a:	<b>Medicine</b>
License:	<b>0101272667</b>
Issued On:	<b>07/09/2021</b>
Expires:	<b>01/31/2024 *</b>
Current Status:	<b>Current Active</b>

This license has not been the subject of an administrative proceeding. If you have any questions, please call 804-367-4600, option 2.

*The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.*

Verifications may also be obtained from the License lookup section on our website ([www.dhp.virginia.gov](http://www.dhp.virginia.gov)).

*\* The expiration date of 1956 indicates that there is no recorded date of expiration for this license, and that it expired sometime prior to 1980.*

Sincerely,

A handwritten signature in cursive script, appearing to read 'Colanthis M. Opher'.

Colanthis M. Opher  
Deputy Executive Director for Administration  
Virginia Board of Medicine

NOTE: The Board of Medicine no longer provides a raised seal on this document.





January 04, 2022

NEW MEXICO MEDICAL BOARD  
2055 S. PACHECO, BLDG. 400  
SANTA FE, NM 87505

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon License for MONTIDA FLEMING.

*You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.*

<b>Year of Birth:</b>	1989
<b>Credential Number:</b>	MD.MD.61094618
<b>Credential Type:</b>	Physician And Surgeon License
<b>Current Credential Status:</b>	ACTIVE
<b>First Credential Date:</b>	09/24/2020
<b>Current Expiration Date:</b>	01/27/2023
<b>Last Renewal Date:</b>	01/15/2021
<b>DISCIPLINARY ACTION:</b>	No

This license information was last updated on: 01/04/2022

If you have questions, please call (360)-236-2750 or visit our Online Provider Credential Search at <https://wmc.wa.gov>



Marisa J Courtney, Licensing Manager

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision: To be the Healthiest State in the Nation**

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January 04, 2022

New Mexico Medical Board  
2055 S. Pacheco, Bldg. 400  
Santa Fe, NM 87505

RE: Certification of registration as Out-of-State Telehealth Provider

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

REGISTRANT NAME:	Montida Fleming
PROFESSION:	TLHT Medical Doctor
REGISTRATION NUMBER:	TPME900
ORIGINAL CERTIFICATION:	09/15/2020
EXPIRATION DATE:	DOES NOT EXPIRE
CURRENT STATUS OF REGISTRATION:	CLEAR, ACTIVE
AGENCY ACTION:	None
REGISTRATION GRANTED BY LICENSE IN:	CA

This license information was last updated on: 01/04/2022

A registered out-of-state telehealth provider must adhere to section 456.47, Florida Statutes. This is NOT a license to practice in the state of Florida. It is a registration that allows a practitioner who holds a valid license in another state to provide telehealth services to Florida patients. *Telehealth is defined as the use of synchronous (real-time information sharing) or asynchronous (relay of information with lag time) telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, the assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. Telehealth **does not** include audio-only telephone calls, e-mail messages, or fax transmissions.*

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this registration, please call the Customer Contact Center at (850) 488-0595, option 5.



---

Florida Department of Health  
Division of Medical Quality Assurance  
4052 Bald Cypress Way, Bin C-10 / Tallahassee, FL 32399  
PHONE: 850/488-0595 / FAX: 850/487-9626  
FloridaHealth.gov

 Accredited Health Department  
Public Health Accreditation Board



# American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust . . . Setting the Standards in Family Medicine

July 3, 2019

To Whom It May Concern:

This letter verifies Montida Supanya Fleming, M.D. (NPI: 1124481015) is currently certified with the American Board of Family Medicine (ABFM).

**Family Medicine Certification History:**

Jul 01, 2019 - \* Certification Number: 1031768090

\* Certification is continuous as long as Family Medicine Certification Requirements are maintained.

**Family Medicine Certification Requirements:**

**Current Status:**  Meeting Requirements

**Current Clinical Status:** **Clinically Active**

**Clinical Status History:**

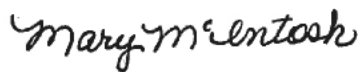
Jul 01, 2019 - Clinically Active

Initial display of clinical status began June 2018 and history is only shown for certified periods.

Beginning in 2011 certification by the American Board of Family Medicine is maintained through successful completion of the Family Medicine Certification process. The Family Medicine Certification process is a continuous process that requires being in compliance with Guidelines for Professionalism Licensure and Personal Conduct including maintaining a currently valid, full, and unrestricted license to practice medicine in the United States or Canada, completing certification activities in a timely fashion, and performing successfully on the examination every ten years. Failure to maintain any of these requirements will result in the loss of certification status with the ABFM. Based upon the continuous nature of Family Medicine Certification, no end date for certification is presented above.

The ABFM website serves as primary source verification. Details of the Family Medicine Certification process are available online at [www.theabfm.org](http://www.theabfm.org).

Sincerely,



Mary McIntosh

Verification Coordinator and Candidate Assistant

**OMNIBUS HAS LITERAS VISITIS**  
**SANCTE.**

Quandoequidem **GRADUS ACADEMICI** cum in finem instituti fu-  
 rint, ut homines ingenio et doctrina praediti titulis praeter ceteros insigniantur, et ut ipsi  
 possit, nec non aliorum procedatur industria et inter homines studium Virtutis et Scientiarum  
 Literarum aequatur. Quande etiam, huc potissimum spectant, amplissima illa jura  
 nostri Collegii publici **Diplomata** collata. **Idcirco.**

**VOTUM SIT, QUOD VOS, PRAESES ET PROFESSORES**  
**Collegii Medicinalis Sidney Kimmel**  
**Universitatis Thomasinae Jeffersonianae**  
**IN REPUBLICA PENNSYLVANIENSIS.**

**(Montida Caroline Supanya Fleming)** *Hominum probum, acis decore, et merito*  
 propter merita benemerita et cunctas eas artes, qua optimum quicunque eruant, qui etiam cum  
 sua commo in Arte Medica, aequo ac Chirurgica nostri Collegii, acis acquirita, neque  
 eximium publici, habita plenius manifesta, se dicuntur **EXCELSISSIMIS HONORIBUS**  
**ACADEMICIS** ostendit. **Doctorem in Arte Medendi** *eracimus, et constitutus.*

Cujus profate **Montida Caroline Supanya Fleminghuzus**, **DIPLOMATIS** vestre, singula Jura,  
 Honores et Privilegia ad **Gradum Doctoris in Arte Medendi**, inter nos, et ubique genti-  
 um pertensura libentissime et plenissime concipimus et rite facimus.

In cuius rei fidem **HEC MEMBRANA**, *Chirographis*, vestris subscripta, et Sig-  
 gillo Universitatis vestre munita, testamur et.

Datum in **URBE, PHILADELPHIA,**  
 secundo die Junii Anno Re-  
 publicae Salutis **MDCXII** Annoque  
 Reipublicae Catholicae Americae Septimo  
 anno Reipublicae Instituti, anno ducentesimo quadragesimo.



*Wm. Hall*  
**PRAESES.**

*Wm. G. ...*  
**DECANUS, PRO PROFESSORIBUS.**

University of California, San Francisco  
School of Medicine

IN AFFILIATION WITH

San Francisco General Hospital

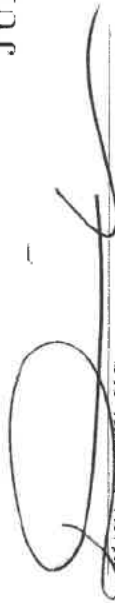
HEREBY CERTIFIES THAT

Montida Fleming, MD

HAS SUCCESSFULLY COMPLETED A RESIDENCY IN

FAMILY & COMMUNITY MEDICINE

JUNE 17, 2016 - JUNE 30, 2019

  
DIANA X. COFFA, M.D.  
RESIDENCY DIRECTOR

  
GEORGE W. SABA, PH.D.  
ASSOCIATE RESIDENCY DIRECTOR

  
LYDIA KING, M.D.  
ASSOCIATE RESIDENCY DIRECTOR

  
CLAY DIAZ MOONEY, M.D.  
ASSOCIATE RESIDENCY DIRECTOR



  
KEVIN GRUMBACH, M.D.  
CHAIR, FAMILY & COMMUNITY MEDICINE

  
TERESE J. VILLELA, MD  
CHIEF OF SERVICE, FAMILY & COMMUNITY MEDICINE

  
TALMADGE E. KING, JR., MD  
DEAN, SCHOOL OF MEDICINE



NATIONAL PRACTITIONER DATA BANK

**NPDB**

National Practitioner Data Bank  
U.S. Department of Health and Human Services  
P.O. Box 10832  
Chantilly, VA 20153-0832  
<https://www.npdb.hrsa.gov>

5500000182865412  
Process Date: 11/20/2021  
Page: 1 of 1

**To:** FLEMING, MONTIDA CAROLINE  
  
2751 MADERA AVE  
  
OAKLAND, CA 94619-3223

**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

This self-query response is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**



## FLEMING, MONTIDA CAROLINE - SELF-QUERY RESPONSE

### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** FLEMING, MONTIDA CAROLINE  
**Date of Birth:** [REDACTED] **Gender:** FEMALE  
**Other Name(s) Used:** SUPANYA-FLEMING, MONTIDA CAROLINE  
**Shipping Address:** [REDACTED] CA 94619-3223  
**Social Security Number:** [REDACTED] **DEA:** [REDACTED]  
**NPI:** 1124481015  
**License:** PHYSICIAN (MD), A152800, CA, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), ME152563, FL, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 90310, GA, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 36157659, IL, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 4301505125, MI, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 306921, NY, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 2021-00361, NC, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 35.14141, OH, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), MD474647, PA, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), S3072, TX, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), 101272667, VA, GENERAL PRACTICE/FAMILY PRACTICE  
 PHYSICIAN (MD), MD61094618, WA, GENERAL PRACTICE/FAMILY PRACTICE  
**Professional School(s):** SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY (2016)

### B. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 11/20/2021

**The following report types have been searched:**

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found Based on the Subject Information Submitted -----



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 5950 Symphony Woods Rd Suite 314 Columbia MD 21044	<b>CONTACT NAME:</b> Beth Peterson	<b>FAX (A/C. No.):</b> 410-910-0627
	<b>PHONE (A/C. No. Ext):</b> 443-283-1375	<b>E-MAIL ADDRESS:</b> Beth_Peterson1@ajg.com
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	
<b>INSURER A:</b> Lloyds' Syndicate 2623/623 (Beazley Furlonge Ltd)		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1706476467 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			W2D4CF200101	12/7/2020	12/7/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability Incl Cyber Liability			W2D4CF200101	12/7/2020	12/7/2021	Limit of Liability	1,000,000
							Aggregate	3,000,000
							Cyber Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	09-24-2019

FLEMING, MONTIDA  
WHOLE WOMAN'S HEALTH  
4100 DUVAL RD.  
STE 2-201  
AUSTIN, TX 78759-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

# California USA DRIVER LICENSE



DL [REDACTED]

CLASS C

EXP 01/27/2021

END NONE

LN FLEMING

FN MONTIDA CAROLINE

[REDACTED]

OAKLAND, CA 94611

DOB [REDACTED]

RSTR CORR LENS

DONOR



[REDACTED]

*Handwritten signature*

SEX F

HAIR BRN

EYES BRN

HGT 5'-02"

WGT 125 lb

ISS

DD 09/12/2019504D2/DDFD/21

09/12/2019





<p>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? <b>If yes, please provide the following information on the attached Malpractice History form for each case:</b></p> <ul style="list-style-type: none"> <li>• Name, age, sex of patient/claimant.</li> <li>• Date(s) and type of treatment and/or surgery, which led to the allegations against you.</li> <li>• Nature of allegations in claims/suits. Specify whether a suit was ever filed.</li> <li>• Names of other practitioners and hospital, if any, involved in claims or suit.</li> <li>• Disposition or current status of claim or suit (be specific).</li> <li>• Name of insurance carrier defending you.</li> <li>• Name of defense attorney.</li> </ul>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>16. Have you ever been reported to the National Practitioner Data Bank?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>17. a) Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p>b) Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</p>	<p>Y</p>	<p>[REDACTED]</p>
<p>18. Do you have or have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? <b>If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.</b></p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>19. Have you ever, for any reason:</p> <p>a) Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b) Withdrawn from a medical school or postgraduate training program?</p> <p>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>20. I attest that I will limit my practice to areas in which I am competent to practice.</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

**If you answer YES to questions 1-19 and 21 and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.**