

**JAIME ALONSO MONTES D.O.****License Number: OS10678**

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	09/01/2006
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

JAIME ALONSO MONTES D.O.  
3537 W 11400 S SUITE D  
CARENOW URGENT/EMERGENT CARE  
SOUTH JORDAN, UT 84095

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
INTERMOUNTAIN HEALTHCARE SALT LAKE HOSPITALS		
ST MARK'S HOSPITAL- HCA HEALTHCARE HOSPITALS IN SALT LAKE CI		

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
WISCONSIN	PHYSICIAN- DO
GEORGIA	PHYSICIAN
UTAH	OSTEOPATHIC PHYSICIAN & SURGEON
COLORADO	PHYSICIAN
ILLINOIS	PHYSICIAN AND SURGEON

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE	DO	8/1/2001 - 8/30/2006	08/30/2006

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
BAYLOR UNIVERSITY	WACO	TEXAS	08/15/1989	05/25/1993	BS - BIOCHEMISTRY

## Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
WESTCHESTER (KERALTY) GENERAL HOSPITAL	ROTATING INTERNSHIP	TY - TRANSITIONAL YEAR	AOA APPROVED ROTATING INTERNSHIP	MIAMI	FLORIDA	09/01/2006	08/31/2007
WESTCHESTER (KERALTY) GENERAL HOSPITAL	RESIDENCY	FP - FAMILY PRACTICE	AOA APPROVED RESIDENCY	MIAMI	FLORIDA	09/01/2007	09/30/2009

# Academic Appointments

## Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

## Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
FAMILY & PREVENTIVE MEDICINE - ADJUNCT INSTRUCTOR	UNIVERSITY OF UTAH SCHOOL OF MEDICINE	SALT LAKE CITY	UTAH
CLINICAL ADJUNCT ASSISTANT PROFESSOR	ROCKY VISTA UNIVERSITY COM	PROVO	UTAH

# Specialty Certification

## Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN OSTEOPATHIC BOARD OF FAMILY PRACTICE	FAMILY PRACTICE & OMT	

# Financial Responsibility

## Financial Responsibility

Financial Exemption

## Proceedings and Actions

### Proceedings & Actions

#### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### **Final Disciplinary Actions Reported by the Department of Health within the last 10 years:**

**The information below is self reported by the practitioner.**

#### **Final disciplinary action taken by a specialty board within the last 10 years:**

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### **Final disciplinary action taken by a licensing agency within the last 10 years:**

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

#### **Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:**

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

#### **Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.**

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### **Liability Claims Exceeding \$100,000.00 Within last 10 years.**

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## **Optional Information**

### **Committees/Memberships**

This practitioner has an affiliation with the following committees:

AOA AAO AMA

ACOFP AAFP UAFP

ASBP, UCM

AMERICAN BIOCHEMICAL SOCIETY

AMERICAN PLASTICS ENGINEERING

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

This practitioner has not provided any professional or community service activities, honors, or awards.

### **Publications**

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

Title	Publication	Date
NANOCOR PROSTHETIC TECHNOLOGY	PLASTICS MECHANICAL ENGINEERING	01/01/2001
NANOCOR TECHNOLOGY BARRIERS	JOURNAL OF PLASTICS ENGINEERING	05/22/2000

### **Professional Web Page**

This practitioner has not provided any professional web page information.

### **Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

### **Other Affiliations**

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

#### **Affiliation**

CHICAGO LA RAZA MEDICAL ASSOCIATION

JOINT FORCES- MILITARY MEDICAL CORPS

PRECEPTOR&MENTOR-CHICAGO HEALTH AND MEDICAL CAREERS PROGRAM