MARK WINSTON SMITH

License Number: ME103446

Profession Medical Doctor
License Status Null And Void/
Year Began Practicing 08/18/2006
License Expiration 01/31/2023

Date

General Information

Primary Practice Address

MARK WINSTON SMITH 4813 MONDONEDO COVE AUSTIN, TX 78738

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

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Institution Name	City	State
ADVANCED ICU CARE	SAINT LOUIS	MISSOURI
ADVENT HEALTH WINTER PARK, FL.	TAMPA	FLORIDA
ADVENTHEALTH CENTRAL TEXAS	KILLEEN	TEXAS
ADVENT HEALTH WINTER PARK, FL.	DELAND	FLORIDA
FLORIDA HOSPITAL FISH MEMORIAL	ORANGE CITY	FLORIDA
ADVENTHEALTH GORDON	CALHOUN	GEORGIA
ADVENTHEALTH HENDERSONVILLE	HENDERSONVILLE	NORTH CAROLINA
ADVENTHEALTH MANCHESTER	MANCHESTER	KENTUCKY
ADVENT HEALTH WINTER PARK, FL.	NEW SMYRNA BEACH	FLORIDA
FLORIDA HOSPITAL NORTH PINELLAS	TARPON SPRINGS	FLORIDA
FLAGLER HOSPITAL	PALM COAST	FLORIDA
ADVENTHEALTH SAN MARCOS	SAN MARCOS	TEXAS
ADVENT HEALTH WINTER PARK, FL.	SEBRING	FLORIDA
ADVENTHEALTH SHAWNEE MISSION	SHAWNEE MISSION	KANSAS
ADVENT HEALTH WINTER PARK, FL.	ZEPHYRHILLS	FLORIDA
AMITA ADVENTIST MEDICAL CENTER BOLINGBROOK	BOLINGBROOK	ILLINOIS
AMITA ADVENTIST MEDICAL CENTER GLENOAKS	GLENDALE HEIGHTS	ILLINOIS
ASCENSION ST. CLARE'S HOSPITAL	WESTON	WISCONSIN
BAPTIST HEALTH CORBIN	CORBIN	KENTUCKY
CAPE REGIONAL MEDICAL CENTER	CAPE MAY COURT HOUSE	NEW JERSEY
CAROLINA PINES REGIONAL MEDICAL CENTER	HARTSVILLE	SOUTH CAROLINA
CHILTON MEDICAL CENTER	POMPTON PLAINS	NEW JERSEY
COLISEUM NORTHSIDE HOSPITAL	MACON	GEORGIA
DAVIE MEDICAL CENTER	BERMUDA RUN	NORTH CAROLINA

nstitution Name	City	State	
DIVINE SAVIOR HEALTHCARE	PORTAGE	WISCONSIN	
EINSTEIN MEDICAL CENTER ELKINS PARK	ELKINS PARK	PENNSYLVANIA	
GRANDE RONDE HOSPITAL	LA GRANDE	OREGON	
ACKETTSTOWN MEDICAL CENTER	HACKETTSTOWN	NEW JERSEY	
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA	
HIGH POINT REGIONAL MEDICAL CENTER	HIGH POINT	NORTH CAROLINA	
HOUSTON MEDICAL CENTER	WARNER ROBINS	GEORGIA	
KERSHAWHEALTH MEDICAL CENTER	CAMDEN	SOUTH CAROLINA	
EXINGTON MEDICAL CENTER	LEXINGTON	NORTH CAROLINA	
INCOLNHEALTH- MILES CAMPUS	DAMARISCOTTA	MAINE	
MEADVILLE MEDICAL CENTER	MEADVILLE	PENNSYLVANIA	
MEMORIAL HEALTHCARE	OWOSSO	MICHIGAN	
MERCY MEDICAL CENTER - OSHKOSH	OSHKOSH	WISCONSIN	
MERCY MEDICAL CENTER MERCED	MERCED	CALIFORNIA	
NEWTON MEDICAL CENTER	NEWTON	NEW JERSEY	
ICLEOD REGIONAL MEDICAL CENTER	FLORENCE	SOUTH CAROLINA	
ORTHERN DUTCHESS HOSPITAL	RHINEBECK	NEW YORK	
PALMETTO HEALTH TUOMEY	SUMTER	SOUTH CAROLINA	
EN BAY MEDICAL CENTER	ROCKPORT	MAINE	
ENN HIGHLANDS HEALTHCARE - DUBOIS	DUBOIS	PENNSYLVANIA	
ERRY HOSPITAL	PERRY	GEORGIA	
PUTNAM HOSPITAL CENTER	CARMEL	NEW YORK	
REID HOSPITAL & HEALTH CARE SERVICES	RICHMOND	INDIANA	
ANFORD ABERDEEN MEDICAL CENTER	ABERDEEN	SOUTH DAKOTA	
SANFORD BISMARCK MEDICAL CENTER	BISMARCK	NORTH DAKOTA	
SARAH BUSH LINCOLN HEALTH CENTER	MATTOON	ILLINOIS	
SELF REGIONAL MEDICAL CENTER	GREENWOOD	SOUTH CAROLINA	
SOUTHERN OHIO MEDICAL CENTER	PORTSMOUTH	OHIO	
ST. CLARE HOSPITAL - BARABOO	BARABOO	WISCONSIN	
T. ELIZABETH HEALTHCARE	EDGEWOOD	KENTUCKY	
ST. FRANCIS HOSPITAL - MARYVILLE	MARYVILLE	MISSOURI	
ST. JOHN'S HOSPITAL	SPRINGFIELD	ILLINOIS	
ST. MARY¿S HOSPITAL - JEFFERSON CITY	JEFFERSON CITY	MISSOURI	
T. MARY'S HOSPITAL - CENTRALIA	CENTRALIA	ILLINOIS	
ST. MARY'S HOSPITAL - JANESVILLE	JANESVILLE	WISCONSIN	
T. MARY'S REGIONAL MEDICAL CENTER	LEWISTON	MAINE	
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	SHOW LOW	ARIZONA	
AKOMA REGIONAL HOSPITAL	GREENEVILLE	TENNESSEE	
HE QUEEN'S MEDICAL CENTER	HONOLULU	HAWAII	
OSPITAL OF FLORIDA	PORT ST. LUCIE	FLORIDA	
JPPER VALLEY MEDICAL CENTER	TROY	OHO	
VALDO COUNTY GENERAL HOSPITAL	BELFAST	MAINE	
VESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	MARYLAND	

Email Address

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MD
CALIFORNIA	MD
GEORGIA	MD
HAWAII	MD
IOWA	MD
ILLINOIS	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	MD
MARYLAND	MD
MAINE	MD
MICHIGAN	MD
MISSOURI	MD
NORTH CAROLINA	MD
NORTH DAKOTA	MD
NEW JERSEY	MD
NEW YORK	MD
OHIO	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
WASHINGTON	MD
WISCONSIN	MD
WEST VIRGINIA	MD
CONNECTICUT	MD
IDAHO	MD

Florida Birth-Related Neurological Injury Compensation Association

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

This practitioner has not indicated whether he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTHERN CALIFORNIA	MD	8/1/2001 - 5/1/2005	05/01/2005

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
HUNTINGTON MEMORIAL HOSP.	INTERNSHIP	MEDICINE		PASADENA	CALIFORNIA	06/25/2005	06/30/2006
HUNTINGTON MEMORIAL HOSP.	RESIDENCY	IM - INTERNAL MEDICINE		PASADENA	CALIFORNIA	07/01/2006	06/30/2008

Academic Appointments

Graduate Medical Education

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

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627.357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

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

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

Medicaid Sanctions and Terminations

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

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

The information below is self reported by the practitioner.

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

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

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

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

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

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

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

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

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

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

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

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

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

Optional Information

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

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

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

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