

# License Number: ME108561

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/1983License Expiration01/31/2027DateDate

# **General Information**

## **Primary Practice Address**

ISABELLE CATHERINE KOPEC ONE CITYPLACE DRIVE SUITE 570 SAINT LOUIS, MO 63141

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	SAINT LOUIS	MISSOURI
	TAMPA	FLORIDA
	KILLEEN	TEXAS
	DELAND	FLORIDA
	ORANGE CITY	FLORIDA
	CALHOUN	GEORGIA
	HENDERSONVILLE	NORTH CAROLINA
	MANCHESTER	KENTUCKY
	NEW SMYRNA BEACH	FLORIDA
	TARPON SPRINGS	FLORIDA
	PALM COAST	FLORIDA
	SAN MARCOS	TEXAS
	SEBRING	FLORIDA
	SHAWNEE MISSION	KANSAS
	ZEPHYRHILLS	FLORIDA
	BOLINGBROOK	ILLINOIS
	GLENDALE HEIGHTS	ILLINOIS
	ANDERSON	SOUTH CAROLINA
	WESTON	WISCONSIN
	CORBIN	KENTUCKY
	CAPE MAY COURT HOUSE	NEW JERSEY
	HARSVILLE	SOUTH CAROLINA
	POMPTON PLAINS	NEW JERSEY

Institution Name	City	State
	MACON	GEORGIA
	BERMUDA RUN	NORTH CAROLINA
	PORTAGE	WISCONSIN
	ELKINS PARK	PENNSYLVANIA
	LA GRANDE	OREGON
	HACKETTSTOWN	NEW JERSEY
	LAKE HAVASU CITY	ARIZONA
	HIGH POINT	NORTH CAROLINA
	WARNER ROBINS	GEORGIA
	CAMDEN	SOUTH CAROLINA
	LEXINGTON	NORTH CAROLINA
	DAMARISCOTTA	MAINE
	MEADVILLE	PENNSYLVANIA
	OWOSSO	MICHIGAN
	OSHKOSH	WISCONSIN
	MERCED	CALIFORNIA
	NEWTON	NEW JERSEY
	RHINEBECK	NEW YORK
	SUMTER	SOUTH CAROLINA
	ROCKPORT	MAINE
	DUBOIS	PENNSYLVANIA
	PERRY	GEORGIA
	CARMEL	NEW YORK
	RICHMOND	INDIANA
	ABERDEEN	SOUTH DAKOTA
	BISMARCK	NORTH DAKOTA
	MATTOON	ILLINOIS
	GREENWOOD	SOUTH CAROLINA
	PORTSMOUTH	OHIO
	BARABOO	WISCONSIN
	EDGEWOOD	KENTUCKY
	MARYVILLE	MISSOURI
	JEFFERSON CITY	MISSOURI
	CENTRALIA	ILLINOIS
	JANESVILLE	WISCONSIN
	LEWISTON	MAINE
	SHOW LOW	ARIZONA
	GREENEVILLE	TENNESSEE
	PORT ST. LUCIE	FLORIDA
	TROY	OHIO
	BELFAST	MAINE
	CUMBERLAND	MARYLAND
	NORTH WILKESBORO	NORTH CAROLINA
	WINCHESTER	VIRGINIA
	KITTANNING	PENNSYLVANIA

## **Email Address**

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MD
CALIFORNIA	MD
GEORGIA	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 MEXICO	MD
NEW YORK	MD
OHIO	MD
OKLAHOMA	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
WISCONSIN	MD
WEST VIRGINIA	MD
CONNECTICUT	MD
IDAHO	MD
COLORADO	MD

## Florida Birth-Related Neurological Injury Compensation Association

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

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

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST. GEORGE'S UNIVERSITY	MD	1/1/1980 - 5/24/1981	05/24/1981

## **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
ST. VINCENT'S MEDICAL CENTER RICHMOND	INTERNSHIP	IM - INTERNAL MEDICINE		STATEN ISLAND	NEW YORK	01/01/1982	12/31/1982
SUNY DOWNSTATE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	01/01/1983	06/30/1985
MEMORIAL SLOAN-KETTERING CANCER CENTER	FELLOWSHIP	P IM - CRITICAL CARE MEDICINE		NEW YORK	NEW YORK	07/01/1986	06/30/1988

# Academic Appointments

## **Graduate Medical Education**

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

#### **Academic Appointments**

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

# **Specialty Certification**

#### **Specialty Certification**

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

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	09/10/1986

# **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 not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

#### **Other Affiliations**

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