



## MERCI GRACE MADAR

License Number: ME117554

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1998  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

MERCI GRACE MADAR  
4200 SUN N LAKE BLVD  
SEBRING, FL 33872

### 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:

Institution Name	City	State
MEMORIAL HOSPITAL	YORK	PENNSYLVANIA
LENOIR MEMORIAL HOSPITAL	KINSTON	NORTH CAROLINA
LAWRENCE & MEMORIAL HOSPITAL	NEW LONDON	CONNECTICUT
CAROLINA EAST MEDICAL CENTER	NEW BERN	NORTH CAROLINA
OHIO VALLEY MEDICAL CENTER	WHEELING	WEST VIRGINIA
ST. FRANCIS HOSPITAL	TULSA	OKLAHOMA
PROVENA ST. MARYS HOSPITAL	KANKAKEE	ILLINOIS
CAROLINAS MEDICAL CENTER	CHARLOTTE	NORTH CAROLINA
IREDELL MEMORIAL HOSPITAL	STATESVILLE	NORTH CAROLINA
MERCY HOSPITAL ANDERSON	CINCINNATI	OHIO
SHARON REGIONAL HEALTH SYSTEM	SHARON	PENNSYLVANIA
MIDSTATE MEDICAL CENTER	MERIDEN	CONNECTICUT
PROVENA ST. JOSEPH	JOLIET	ILLINOIS
VERDE VALLEY MEDICAL CENTER	COTTONWOOD	ARIZONA
CASA GRANDE REGIONAL MEDICAL CENTER	CASA GRANDE	ARIZONA
GENESYS REGIONAL MEDICAL CENTER	GRAND BLANC	MICHIGAN

### Email Address

Please contact at: [mmadar@usacs.com](mailto:mmadar@usacs.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL DOCTOR

State	Profession
NEW YORK	MEDICAL DOCTOR
WEST VIRGINIA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
NEW MEXICO	MEDICAL DOCTOR
RHODE ISLAND	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
OKLAHOMA	MEDICAL DOCTOR
CONNECTICUT	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR

### 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
FAIRFIELD UNIVERSITY	BACHELOR D	9/5/1978 - 5/23/1982	05/23/1982
UNIVERSITY OF UTAH	DOCTORAL D	9/9/1985 - 5/9/1992	05/09/1992
UNIVERSITY OF CALGARY FACULTY OF MEDICINE	MD	9/9/1991 - 5/12/1995	05/12/1995

### Other Health Related Degrees

The practitioner did not provide this mandatory information.

### 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
UNIVERSITY OF NEW MEXICO	RESIDENCY	EM - EMERGENCY MEDICINE		ALBURQUERQUE	NEW MEXICO	07/01/1995	06/30/1998

## Academic Appointments

### Graduate Medical Education

This practitioner has 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 EMERGENCY MEDICINE	EM - EMERGENCY MEDICINE	06/25/1999

# 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.

### 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.

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