

**ANTHONY MICHAEL MIGURA****License Number: ME117427**

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/2005  
License Expiration 01/31/2026  
Date

**General Information****Primary Practice Address**

ANTHONY MICHAEL MIGURA  
ONE CITYPLACE DRIVE  
STE 570  
CREVE COEUR, MO 63141

**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
HICUITY HEALTH	SAINT LOUIS	MISSOURI
	HONOLULU	HAWAII
	KAMUELA	HAWAII
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA
COMMUNITY HOSPITAL	GRAND JUNCTION	COLORADO
NORTHERN DUTCHESS HOSPITAL	RHINEBECK	NEW YORK
WINCHESTER MEDICAL CENTER	WINCHESTER	VIRGINIA
BAPTIST HEALTH DEACONESS MADISONVILLE	MADISONVILLE	KENTUCKY
ADVENTHEALTH OTTAWA	OTTAWA	KANSAS
BON SECOURS ST. FRANCIS HOSPITAL	CHARLESTON	SOUTH CAROLINA
WELLSPAN EPHRATA COMMUNITY HOSPITAL	EPHRATA	PENNSYLVANIA
HACKETTSTOWN MEDICAL CENTER	HACKETTSTOWN	NEW JERSEY
SOUTHERN OHIO MEDICAL CENTER	SOUTHERN OHIO MEDICAL CENTER	OHIO
TEXAS HEALTH HUGULEY HOSPITAL	BURLESON	TEXAS
ADVENTHEALTH HENDERSONVILLE	HENDERSONVILLE	NORTH CAROLINA
ST. MARY'S HOSPITAL - JANESVILLE	JANESVILLE	WISCONSIN

**Email Address**

Please contact at: [amigura314@gmail.com](mailto:amigura314@gmail.com)

**Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR

State	Profession
CONNECTICUT	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
HAWAII	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
MISSISSIPPI	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
NEW MEXICO	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
SOUTH DAKOTA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
ARIZONA	MD
INDIANA	MD
KANSAS	MD
MARYLAND	MD
MAINE	MD
MICHIGAN	MD
NORTH DAKOTA	MD
OHIO	MD
OREGON	MD
TENNESSEE	MD
WEST VIRGINIA	MD
IDAHO	MD
COLORADO	MD
RHODE ISLAND	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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
BAYLOR UNIVERSITY	ASSOCIATE	8/1/1995 - 12/16/2000	12/16/2000
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON	MD	8/1/2001 - 5/28/2005	05/28/2005

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
YALE SCHOOL OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		NEW HAVEN	CONNECTICUT	07/01/2005	06/30/2008
MOUNT SINAI MEDICAL CENTER	FELLOWSHIP	IM - PULMONARY DISEASE AND CRITICAL CARE		NEW YORK	NEW YORK	07/01/2008	06/30/2011

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	08/12/2009
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	10/12/2010
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CRITICAL CARE MEDICINE	11/09/2011

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.

