



JOHN ATHANASIOS KAZIANIS

License Number: ME123261

Profession Medical Doctor
License Status Vol Relinquish/
Year Began Practicing 01/01/2006
License Expiration 01/31/2023
Date

General Information

Primary Practice Address

JOHN ATHANASIOS KAZIANIS
ONE CITYPLACE DRIVE, SUITE 570
ST LOUIS, 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 |
|---|----------------------|----------------|
| ADVANCED ICU CARE | SAINT LOUIS | MISSOURI |
| ADVENTIST MEDICAL CENTER BOLINGBROOK | BOLINGBROOK | ILLINOIS |
| ADVENTIST MEDICAL CENTER GLENOAKS | GLENDAL HEIGHTS | ILLINOIS |
| ANMED HEALTH | ANDERSON | SOUTH CAROLINA |
| 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 |
| CENTRAL TEXAS MEDICAL CENTER | SAN MARCOS | TEXAS |
| CHILTON MEDICAL CENTER | POMPTON PLAINS | NEW JERSEY |
| COLISEUM NORTHSIDE HOSPITAL | MACON | GEORGIA |
| DAVIE MEDICAL CENTER | BERMUDA RUN | NORTH CAROLINA |
| DIVINE SAVIOR HEALTHCARE | PORTAGE | WISCONSIN |
| EINSTEIN MEDICAL CENTER ELKINS PARK | ELKINS PARK | PENNSYLVANIA |
| ADVENT HEALTH WINTER PARK, FL. | TAMPA | FLORIDA |
| ADVENT HEALTH WINTER PARK, FL. | DELAND | FLORIDA |
| FLORIDA HOSPITAL FISH MEMORIAL | ORANGE CITY | FLORIDA |
| FLAGLER HOSPITAL | PALM COAST | FLORIDA |
| FLORIDA HOSPITAL HEARTLAND MEDICAL CENTER | SEBRING | FLORIDA |
| ADVENT HEALTH WINTER PARK, FL. | NEW SMYRNA BEACH | FLORIDA |
| FLORIDA HOSPITAL NORTH PINELLAS | TARPON SPRINGS | FLORIDA |
| ADVENT HEALTH WINTER PARK, FL. | ZEPHYRHILLS | FLORIDA |
| GORDON HOSPITAL | CALHOUN | GEORGIA |
| GRANDE RONDE HOSPITAL | LA GRANDE | OREGON |

| Institution Name | City | State |
|---|------------------|----------------|
| HACKETTSTOWN 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 |
| LEXINGTON MEDICAL CENTER | LEXINGTON | NORTH CAROLINA |
| LINCOLNHEALTH- MILES CAMPUS | DAMARISCOTTA | MAINE |
| LONG ISLAND JEWISH MEDICAL CENTER | NEW HYDE PARK | NEW YORK |
| LONG ISLAND JEWISH VALLEY STREAM | VALLEY STREAM | NEW YORK |
| MANCHESTER MEMORIAL HOSPITAL | MANCHESTER | KENTUCKY |
| MEADVILLE MEDICAL CENTER | MEADVILLE | PENNSYLVANIA |
| MEMORIAL HEALTHCARE | OWOSSO | MICHIGAN |
| MERCY MEDICAL CENTER - OSHKOSH | OSHKOSH | WISCONSIN |
| MERCY MEDICAL CENTER MERCED | MERCED | CALIFORNIA |
| METROPLEX ADVENTIST HOSPITAL | KILLEEN | TEXAS |
| NEWTON MEDICAL CENTER | NEWTON | NEW JERSEY |
| NORTH SHORE UNIVERSITY HOSPITAL | MANHASSET | NEW YORK |
| NORTHERN DUTCHESS HOSPITAL | RHINEBECK | NEW YORK |
| PALMETTO HEALTH TUOMEY | SUMTER | SOUTH CAROLINA |
| PARK RIDGE HEALTH | HENDERSONVILLE | NORTH CAROLINA |
| PEN BAY MEDICAL CENTER | ROCKPORT | MAINE |
| PENN HIGHLANDS HEALTHCARE - DUBOIS | DUBOIS | PENNSYLVANIA |
| PERRY HOSPITAL | PERRY | GEORGIA |
| PLAINVIEW HOSPITAL | PLAINVIEW | NEW YORK |
| PUTNAM HOSPITAL CENTER | CARMEL | NEW YORK |
| REID HOSPITAL & HEALTH CARE SERVICES | RICHMOND | INDIANA |
| SANFORD 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 |
| SHAWNEE MISSION MEDICAL CENTER | SHAWNEE MISSION | KANSAS |
| SOUTHERN OHIO MEDICAL CENTER | PORTSMOUTH | OHIO |
| SOUTHSIDE HOSPITAL | BAY SHORE | NEW YORK |
| ST. CLARE HOSPITAL - BARABOO | BARABOO | WISCONSIN |
| ST. 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 |
| ST. MARY'S HOSPITAL - CENTRALIA | CENTRALIA | ILLINOIS |
| ST. MARY'S HOSPITAL - JANESVILLE | JANESVILLE | WISCONSIN |
| ST. MARY'S REGIONAL MEDICAL CENTER | LEWISTON | MAINE |
| SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER | SHOW LOW | ARIZONA |
| TAKOMA REGIONAL HOSPITAL | GREENEVILLE | TENNESSEE |
| HOSPITAL OF FLORIDA | PORT ST. LUCIE | FLORIDA |
| UPPER VALLEY MEDICAL CENTER | TROY | OHIO |
| WALDO COUNTY GENERAL HOSPITAL | BELFAST | MAINE |
| WESTERN MARYLAND REGIONAL MEDICAL CENTER | CUMBERLAND | MARYLAND |

| Institution Name | City | State |
|--------------------------------|------------------|----------------|
| WILKES REGIONAL MEDICAL CENTER | NORTH WILKESBORO | NORTH CAROLINA |
| WINCHESTER MEDICAL CENTER | WINCHESTER | VIRGINIA |

Email Address

Please contact at: jkazianis314@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|----------------|----------------|
| ARIZONA | MEDICAL DOCTOR |
| CALIFORNIA | MEDICAL DOCTOR |
| CONNECTICUT | 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 YORK | MD |
| OHIO | MD |
| OREGON | MD |
| PENNSYLVANIA | MD |
| SOUTH CAROLINA | MD |
| SOUTH DAKOTA | MD |
| TENNESSEE | MD |
| TEXAS | MD |
| VIRGINIA | MD |
| WISCONSIN | 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 |
|--|--------------|-----------------------|-----------------|
| VANDERBILT UNIVERSITY SCHOOL OF MEDICINE | MD | 8/22/2002 - 5/12/2006 | 05/12/2006 |

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 |
|----------------------------|--------------|-----------------------------|----------------------|----------|------------------|---------------------|-------------------|
| MOUNT SINAI MEDICAL CENTER | RESIDENCY | IM - INTERNAL MEDICINE | | NEW YORK | NEW YORK | 07/01/2006 | 06/30/2009 |
| MOUNT SINAI MEDICAL CENTER | FELLOWSHIP | IM - CRITICAL CARE MEDICINE | | NEW YORK | NEW YORK | 07/01/2009 | 06/30/2012 |

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 INTERNAL MEDICINE | IM - INTERNAL MEDICINE | 10/01/2010 |
| AMERICAN BOARD OF INTERNAL MEDICINE | IM - PULMONARY DISEASE | 01/01/2011 |
| AMERICAN BOARD OF INTERNAL MEDICINE | IM - CRITICAL CARE MEDICINE | 01/01/2012 |

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.