# JENNIFER LORI CUNNINGHAM-FARBSTEIN

# License Number: ME125590

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1999
License Expiration 01/31/2026

Date

# **General Information**

# **Primary Practice Address**

JENNIFER LORI CUNNINGHAM-FARBSTEIN 1 CITYPLACE DRIVE SUITE 570 SAINT 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
HICUITY HEALTH	SAINT LOUIS	MISSOURI
HOSPITAL OF FLORIDA	ADVENTHEALTH CARROLLWOOD -TAMPA	FLORIDA
ADVENTHEALTH CENTRAL TEXAS	KILLEEN	TEXAS
HOSPITAL OF FLORIDA	ADVENTHEALTH DADE CITY - DADE CITY	FLORIDA
HOSPITAL OF FLORIDA	ADVENTHEALTH DELAND - DELAND	FLORIDA
	ORANGE CITY	FLORIDA
ADVENTHEALTH GORDON	CALHOUN	GEORGIA
ADVENTHEALTH HENDERSONVILLE	HENDERSONVILLE	NORTH CAROLINA
ADVENTHEALTH MANCHESTER	MANCHESTER	KENTUCKY
HOSPITAL OF FLORIDA	ADVENTHEALTH NEW SMYRNA BEACH - NEW SMYRNA BEACH	FLORIDA
FLORIDA HOSPITAL NORTH PINELLAS	TARPON SPRINGS	FLORIDA
HOSPITAL OF FLORIDA	ADVENTHEALTH SEBRING - SEBRING	FLORIDA
FLORIDA HOSPITAL OF ZEPHYRHILLS	ZEPHYRHILLS	FLORIDA
ANMED HEALTH	ANDERSON	SOUTH CAROLINA
ARH OUR LADY OF THE WAY	MARTIN	KENTUCKY
ASCENSION ST. CLARE'S HOSPITAL	WESTON	WISCONSIN
BAPTIST HEALTH CORBIN	CORBIN	KENTUCKY
HOSPITAL OF FLORIDA	BAPTIST MEDICAL CENTER NASSAU - FERNANDINA BEACH	FLORIDA
BARBOURVILLE ARH HOSPITAL	BARBOURVILLE	KENTUCKY
BECKLEY ARH HOSPITAL	BECKLEY	WEST VIRGINIA

Institution Name	City	State
BON SECOURS ST. FRANCIS HOSPITAL	CHARLESTON	SOUTH
		CAROLINA
	CAPE MAY COURT HOUSE	NEW JERSEY
CAROLINA PINES REGIONAL MEDICAL CENTER	HARTSVILLE	SOUTH CAROLINA
CENTRAL TEXAS MEDICAL CENTER	SAN MARCOS	TEXAS
	POMPTON PLAINS	NEW JERSEY
	CLEVELAND CLINIC TRADITION HOSPITAL - PORT ST. LUCIE	FLORIDA
	MACON	GEORGIA
DAVIE MEDICAL CENTER	BERMUDA RUN	NORTH CAROLINA
DIVINE SAVIOR HEALTHCARE	PORTAGE	WISCONSIN
EINSTEIN MEDICAL CENTER ELKINS PARK	ELKINS PARK	PENNSYLVANIA
	LA GRANDE	OREGON
GREENEVILLE COMMUNITY HOSPITAL EAST	GREENEVILLE	TENNESSEE
HACKETTSTOWN MEDICAL CENTER	HACKETTSTOWN	NEW JERSEY
HARLAN ARH HOSPITAL	HARLAN	KENTUCKY
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA
HAZARD ARH REGIONAL MEDICAL CENTER	HAZARD	KENTUCKY
HIGH POINT REGIONAL MEDICAL CENTER	HIGH POINT	NORTH CAROLINA
HOUSTON MEDICAL CENTER	WARNER ROBINS	GEORGIA
KERSHAWHEALTH MEDICAL CENTER	CAMDEN	SOUTH CAROLINA
LANCASTER MEDICAL CENTER	LANCASTER	SOUTH CAROLINA
LEXINGTON MEDICAL CENTER	LEXINGTON	NORTH CAROLINA
LINCOLNHEALTH	DAMARISCOTTA	MAINE
MARY BRECKINRIDGE ARH HOSPITAL	HYDEN	KENTUCKY
MCDOWELL ARH HOSPITAL	MCDOWELL	NORTH CAROLINA
MEADVILLE MEDICAL CENTER	MEADVILLE	PENNSYLVANIA
MEMORIAL HEALTHCARE	OWOSSO	MICHIGAN
MEMORIAL SATILLA HEALTH	WAYCROSS	GEORGIA
MERCY MEDICAL CENTER - OSHKOSH	OSHKOSH	WISCONSIN
MERCY MEDICAL CENTER MERCED	MERCED	CALIFORNIA
MIDDLESBORO ARH HOSPITAL	MIDDLESBORO	KENTUCKY
MORGAN COUNTY ARH HOSPITAL	WEST LIBERTY	KENTUCKY
MOSAIC MEDICAL CENTER MARYVILLE	MARYVILLE	MISSOURI
NEWTON MEDICAL CENTER	NEWTON	NEW JERSEY
NORTHERN DUTCHESS HOSPITAL	RHINEBECK	NEW YORK
PEN BAY MEDICAL CENTER	ROCKPORT	MAINE
	DUBOIS	PENNSYLVANIA
PERRY HOSPITAL	PERRY	GEORGIA
	SUMTER	SOUTH CAROLINA
PUTNAM HOSPITAL CENTER	CARMEL	NEW YORK
REID HOSPITAL & HEALTH CARE SERVICES	RICHMOND	INDIANA

Institution Name	City	State
ROPER ST. FRANCIS BERKELEY HOSPITAL	MONCKS CORNER	SOUTH CAROLINA
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL	MOUNT PLEASANT	SOUTH CAROLINA
	ABERDEEN	SOUTH DAKOTA
	BISMARCK	NORTH DAKOTA
SARAH BUSH LINCOLN HEALTH CENTER	MATTOON	ILLINOIS
	GREENWOOD	SOUTH CAROLINA
SOUTHERN OHIO MEDICAL CENTER	PORTSMOUTH	OHIO
ST. CLARE HOSPITAL - BARABOO	BARABOO	WISCONSIN
ST. ELIZABETH HEALTHCARE	EDGEWOOD	KENTUCKY
	SPRINGFIELD	ILLINOIS
ST. MARY; S HOSPITAL - JEFFERSON CITY	JEFFERSON CITY	MISSOURI
ST. MARY'S HOSPITAL - CENTRALIA	CENTRALIA	ILLINOIS
ST. MARY'S HOSPITAL - DECATUR	DECATUR	ILLINOIS
ST. MARY'S HOSPITAL - JANESVILLE	JANESVILLE	WISCONSIN
ST. MARY'S REGIONAL MEDICAL CENTER	LEWISTON	MAINE
SUMMERS COUNTY ARH HOSPITAL	HINTON	WEST VIRGINIA
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	SHOW LOW	ARIZONA
THE REGIONAL MEDICAL CENTER	ORANGEBURG	SOUTH CAROLINA
TUG VALLEY ARH REGIONAL MEDICAL CENTER	SOUTH WILLIAMSON	KENTUCKY
	TROY	OHIO
WALDO COUNTY GENERAL HOSPITAL	BELFAST	MAINE
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	MARYLAND
WHITESBURG ARH HOSPITAL	WHITESBURG	KENTUCKY
WILKES REGIONAL MEDICAL CENTER	NORTH WILKESBORO	NORTH CAROLINA
WINCHESTER MEDICAL CENTER	WINCHESTER	VIRGINIA

# **Email Address**

Please contact at: jcunningham63141@gmail.com

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MD
ARIZONA	MD
CALIFORNIA	MD
CONNECTICUT	MD
GEORGIA	MD
ILLINOIS	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	MD
MARYLAND	MD

State	Profession
MAINE	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
VIRGINIA	MD
WISCONSIN	MD
WEST VIRGINIA	MD
MICHIGAN	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 COLLEGE OF MEDICINE	MD	8/7/1995 - 5/25/1999	05/25/1999

## **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
UNIV OF TEXAS HSC HOUSTON	RESIDENCY	IM - INTERNAL MEDICINE		HOUSTON	TEXAS	06/24/1999	06/30/2002
UNIV OF TEXAS HSC HOUSTON	FELLOWSHIP	IM - PULMONARY DISEASE AND CRITICAL CARE		HOUSTON	TEXAS	07/01/2002	06/30/2005
UNIV OF TEXAS HSC HOUSTON	FELLOWSHIP	OTHER	SLEEP MEDICINE	HOUSTON	TEXAS	07/01/2005	06/30/2006

# **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 - PULMONARY DISEASE	11/01/2005
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CRITICAL CARE MEDICINE	11/01/2006

# 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.