



## ROBERT ANTHONY YAPUNDICH

License Number: ME129648

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1991
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

ROBERT ANTHONY YAPUNDICH  
 1717 MAIN ST  
 SUITE 5850  
 DALLAS, TX 75201

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
BALLAD HEALTH - JOHNSTON MEMORIAL HOSPITAL	ABINGDON	VIRGINIA
NOVANT HEALTH CLEMMONS MEDICAL CENTER	CLEMMONS	NORTH CAROLINA
NOVANT HEALTH KERNERSVILLE MEDICAL CENTER	KERNERSVILLE	NORTH CAROLINA
KITTITAS VALLEY COMMUNITY HOSPITAL	ELLENSBURG	WASHINGTON
VIRGINIA MASON MEDICAL CENTER	SEATTLE	WASHINGTON
RUTHERFORD REGIONAL HEALTH SYSTEM	RUTHERFORDTON	NORTH CAROLINA
BALLAD HEALTH - JOHNSON CITY MEDICAL CENTER	JOHNSON CITY	TENNESSEE
HCA EASTERN IDAHO REGIONAL MEDICAL CENTER	IDAHO FALLS	IDAHO
NOVANT HEALTH FORSYTH MEDICAL CENTER	WINSTON SALEM	NORTH CAROLINA
SPECTRUM HEALTH GRAND RAPIDS	GRAND RAPIDS	MICHIGAN
SPECTRUM HEALTH BUTTERWORTH HOSPITAL	GRAND RAPIDS	MICHIGAN
SPECTRUM HEALTH BLODGETT HOSPITAL	GRAND RAPIDS	MICHIGAN
SPECTRUM HEALTH HELEN DEVOS CHILDREN'S HOSPITAL	GRAND RAPIDS	MICHIGAN
MOSES H. CONE MEMORIAL HOSPITAL	GREENSBORO	NORTH CAROLINA
BROUGHTON HOSPITAL - NCDHHS	MORGANTON	NORTH CAROLINA
UNC CALDWELL MEMORIAL HOSPITAL	LENOIR	NORTH CAROLINA
CATAWBA VALLEY MEDICAL CENTER	HICKORY	NORTH CAROLINA
FRYE REGIONAL MEDICAL CENTER	HICKORY	NORTH CAROLINA
CAPE CANAVERAL HOSPITAL	COCOA BEACH	FLORIDA

### Email Address

Please contact at: [dr\\_yapundich@socvid.com](mailto:dr_yapundich@socvid.com)

## Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
IDAHO	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
WYOMING	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR
WEST VIRGINIA	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
ALASKA	MEDICAL DOCTOR
ARKANSAS	MEDICAL DOCTOR
ARKANSAS	TEMPORARY MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
MAINE	MEDICAL DOCTOR
MINNESOTA	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
MONTANA	MEDICAL DOCTOR
NEW HAMPSHIRE	MEDICAL DOCTOR
NEW MEXICO	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
RHODE ISLAND	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
SOUTH DAKOTA	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR
UTAH	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR
VERMONT	MEDICAL DOCTOR
WASHINGTON	MEDICAL DOCTOR
WEST VIRGINIA	TEMPORARY 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
WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE	MD	6/1/1986 - 5/12/1991	05/12/1991

## 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
UNIVERSITY OF ALABAMA AT BIRMINGHAM	INTERNSHIP	IM - INTERNAL MEDICINE		BIRMINGHAM	UNITED STATES	06/24/1991	06/23/1992
UNIVERSITY OF ALABAMA AT BIRMINGHAM	RESIDENCY	N - NEUROLOGY		BIRMINGHAM	UNITED STATES	07/01/1992	06/30/1995
UNIVERSITY OF ALABAMA AT BIRMINGHAM	FELLOWSHIP	N - NEUROLOGY		BIRMINGHAM	UNITED STATES	07/01/1995	06/30/1996

## 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 PSYCHIATRY AND NEUROLO	SLEEP MEDICINE	11/01/2009
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	N - CLINICAL NEUROPHYSIOLOGY	04/13/1999
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	NEUROLOGY	04/01/1997

## 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.

