



## FREDDYS XAVIER GARCIA

License Number: CH11671

|                         |                        |
|-------------------------|------------------------|
| Profession              | Chiropractic Physician |
| License Status          | Clear/Active           |
| Year Began Practicing   | 01/01/2012             |
| License Expiration Date | 03/31/2028             |

## General Information

### Primary Practice Address

FREDDYS XAVIER GARCIA  
3338 ARCHDALE ST  
MELBOURNE, FL 32940

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State         | Profession             |
|---------------|------------------------|
| MASSACHUSETTS | CHIROPRACTIC PHYSICIAN |

## Education and Training

## Education and Training

| Institution Name          | Degree Title | Dates of Attendance    | Graduation Date |
|---------------------------|--------------|------------------------|-----------------|
| UNIVERSITY OF CONNECTICUT | BACHELOR D   | 9/15/1998 - 5/15/2003  | 05/15/2003      |
| CAPITOL COMMUNITY COLLEGE | NO DEGREE    |                        |                 |
| TUNXIS COMMUNITY COLLEGE  | NO DEGREE    |                        |                 |
| WEBER STATE UNIVERSITY    | NO DEGREE    |                        |                 |
| UNIVERSITY OF BRIDGEPORT  | DC           | 1/15/2008 - 12/15/2011 | 12/15/2011      |

## 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 |
|--|--------------|----------------|----------------------|-------|------------------|---------------------|-------------------|
| AMERICAN COLLEGE OF FUNCTIONAL NEUROLOGY | FELLOWSHIP   | NEUROLOGY      |                      | COCOA | UNITED STATES    | 01/01/2010          | 04/08/2013        |

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

| Title                            | Institution | City           | State   |
|----------------------------------|-------------|----------------|---------|
| ASSISTANT PROFESSOR OF NEUROLOGY | OTHER       | CAPE CANAVERAL | FLORIDA |

## 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 CHIROPRACTIC NEUROLOGY BOARD (DACNB) | DACNB - CHIROPRACTIC CLINICAL NEUROLOGY | 11/30/2013     |

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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 the following criminal offenses:

| Description of Offense | Date       | State or Jurisdiction | Under Appeal | Status           | Date Of Corroboration |
|------------------------|------------|-----------------------|--------------|------------------|-----------------------|
| DISTURBING THE PEACE   | 04/01/2001 | CONNECTICUT           | NO           | NOT CORROBORATED |                       |

## 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 \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

**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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