Florida HEALTH Department of Health

KHALED RATEB MAGDY

License Number: ME130058

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1987
License Expiration Date	01/31/2027

General Information

The practitioner has not verified the information contained in this profile.

Primary Practice Address

KHALED RATEB MAGDY
1670 VINCENT'S WAY
MIDDLEBURG, FL 32068

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

Email Address

Please contact at: **kmagdy3@yahoo.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
NORTH DAKOTA	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
PENNSYLVANIA	PHYSICIAN (TRAINING)
NEBRASKA	PHYSICIAN (TRAINING)
NEBRASKA	PHYSICIAN (TRAINING)
NORTH DAKOTA	PHYSICIAN (TRAINING)
RHODE ISLAND	PHYSICIAN (TRAINING)

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

The practitioner has not verified the information contained in this profile.

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ALEXANDRIA UNIVERSITY	MD	9/1/1974 - 11/30/1980	11/30/1980
ALEXANDRIA UNIVERSITY	MD	9/1/1974 - 11/30/1980	11/30/1980

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
FRANKFORD HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		PHILADELPHIA	PENNSYLVANIA	07/01/1987	06/30/1988
MUHLENBERG REGIONAL MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		PLAINFIELD	NEW JERSEY	07/01/1988	06/30/1990
HACKENSACK UMC MAOUNTAINSIDE	RESIDENCY	IM - INTERNAL MEDICINE		MONTCLAIR	NEW JERSEY	07/01/1990	06/30/1991
THE MIRIAM HOSPITAL	FELLOWSHIP	AN - CRITICAL CARE MEDICINE		PROVIDENCE	RHODE ISLAND	07/01/1991	06/30/1992
UNIVERSITY OF NEBRASKA MEDICAL CENTER	RESIDENCY	IM - PULMONARY DISEASE AND CRITICAL CARE		OMAHA	NEBRASKA	07/01/1992	06/30/1995

Academic Appointments

The practitioner has not verified the information contained in this profile.

Graduate Medical Education

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

Academic Appointments

The practitioner did not provide this mandatory information.

Specialty Certification

The practitioner has not verified the information contained in this profile.

Specialty Certification

The practitioner did not provide this mandatory information.

Financial Responsibility

The practitioner has not verified the information contained in this profile.

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

The practitioner has not verified the information contained in this profile.

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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

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

The practitioner has not verified the information contained in this profile.

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.