Florida HEALTH Department of Health

THEODOR WALDO PESCH M.D.

License Number: ME137117

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028

General Information

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

Primary Practice Address

THEODOR WALDO PESCH M.D.
EVPS
5380 TECH DATA DRIVE, SUITE 202
CLEARWATER, FL 33760

Medicaid

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

Staff Privileges

Email Address

Please contact at: **tmapesch@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MEDICINE
TENNESSEE	MEDICINE
KENTUCKY	MEDICINE
NORTH CAROLINA	MEDICINE
NEW YORK	
PENNSYLVANIA	
NORTH DAKOTA	
VIRGINIA	
MAINE	
MAINE	

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
RHEINISCH-WESTFALISCHE TECHNISCHE HOCHSCHULE AACHEN	MD	10/1/1978 - 4/30/1985	04/30/1985

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
WYOMING VALLEY HEALTH SYSTEM	RESIDENCY	FP - FAMILY MEDICINE		KINGSTON	PENNSYLVANIA	07/01/2000	06/30/2002
ALBANY MEDICAL CENTER	INTERNSHIP	EM - EMERGENCY MEDICINE		ALBANY	NEW YORK	11/01/1998	11/30/1999
UT- HOUSTON	FELLOWSHIP	EM - EMERGENCY MEDICINE		HOUSTON	TEXAS	07/01/1997	10/31/1998
UT - HUSTON	FELLOWSHIP	OPH - OPHTHALMOLOGY		HOUSTON	TEXAS	06/01/1994	06/21/1996
UT - HOUSTON	INTERNSHIP	IM - INTERNAL MEDICINE		HOUSTON	TEXAS	06/24/1996	06/23/1997
UT - HOUSTON	RESIDENCY	EM - EMERGENCY MEDICINE		HOUSTON	TEXAS	07/01/1997	10/31/1998
ALBANY MEDICAL CENTER	RESIDENCY	EM - EMERGENCY MEDICINE		ALBANY	NEW YORK	11/02/1998	11/15/1999

Academic Appointments

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

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

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.

The practitioner did not provide this mandatory information.

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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
06/27/2018			06/27/2018	$500,000.00	$0.00

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.