Florida HEALTH Department of Health

MASSIMO MORANDI

License Number: ME152737

Profession	Medical Doctor
License Status	DELINQUENT/
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

General Information

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

Primary Practice Address

MASSIMO MORANDI
1900 OLEVIA STREET
APRT. # 481
JACKSONVILLE, FL 32207

Medicaid

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

Staff Privileges

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

Institution Name	City	State
OCHSNER LSU HEALTH SHREVEPORT - ACADEMIC MEDICAL CENTER		

Email Address

Please contact at: **maxmorandi@aol.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	MD
MICHIGAN	MD
OREGON	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 is exempt from paying 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
UNIV. DI BOLOGNA		10/1/1973 - 2/23/1980	02/23/1980

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
UNIVERSITY OF IOWA HOSPITALS AND CLINICS	OTHER PROGRAM		ORTHOPAEDICS AND REHABILITION	IOWA CITY	IOWA	10/18/1985	12/03/1985
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER	OTHER PROGRAM		ORTHOPAEDIC SURGERY	NEW ORLEANS	LOUISIANA	10/05/1987	12/05/1987
LOUSIANA STATE UNIVERSITY HEALTH SCIENCES CENTER	OTHER PROGRAM		RESEARCH ORTHOPAEDIC TRAUMATOLOGY FELLOWSHIP	NEW ORLEANS	LOUISIANA	05/15/1988	07/15/1988
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER	OTHER PROGRAM		RESEARCH ORTHOPAEDIC TRAUMATOLOGY FELLOWSHIP	NEW ORLEANS	LOUISIANA	10/26/1988	12/04/1988
UNIVERSITY OF TENNESSEE	FELLOWSHIP		RESEARCH ORTHOPAEDIC TRAUMATOLOGY	MEMPHIS	TENNESSEE	05/02/1989	10/05/1989
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER	FELLOWSHIP		ORTHOPAEDIC TRAUMA FELLOWSHIP	HOUSTON	TEXAS	04/01/1991	11/30/1991
THE UNIVERSITY OF TX HEALTH SCIENCE CENTER AT HOUSTON	OTHER PROGRAM		DEPT OF ORTHOPAEDIC SURGERY	HOUSTON	TEXAS	09/15/1993	08/31/1997

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.

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.

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.