



MARITA FALLORINA

License Number: ME22727

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1975
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

MARITA FALLORINA
1 CATHERINE STREET
SUITE 1
NEW CASTLE, DE 19720-3001

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
CHRISTIANA/NEMOURS	NEWARK/WILMINGTON	DELAWARE

Email Address

Please contact at: drfallorina@hotmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	M.D.
DELAWARE	M.D.
	MEDICAL-SURGICAL CMD

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
MANILA CENTRAL UNIVERSITY	MD	1/1/1960 - 1/1/1964	05/02/1965

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
MANILA CENTRAL UNIVERSITY	CALOOCAN CITY	PHILIPPINES	01/01/0001	01/01/0001	M.D. MEDICAL DOCTOR

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
ST BARNABAS MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		LIVINGSTON	NEW JERSEY	07/01/1969	06/01/1970
HARRISBURG HOSPITAL	RESIDENCY	PD - PEDIATRICS		HARRISBURG	PENNSYLVANIA	07/01/1970	06/01/1972
ST BARNABAS MEDICAL CENTER	FELLOWSHIP	PD - PEDIATRICS		LIVINGTON	NEW JERSEY	10/01/1972	09/01/1973

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

Financial Exemption

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.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

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 an affiliation with the following committees:
none at present

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NONE	

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
NA		

Professional Web Page

NA

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

TAGALOG FILIPINO

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
STAFF PRIV:CHRISTIANA CARE HEALTH SERV-OGLETON, DE
STAFF PRIV:DUPONT HOSP FOR CHILDREN-WILMINGTON, DE
STAFF PRIV:ST. FRANCIS HOSP - WILMINGTON, DE