



DAVID S MURANSKY D.C.

License Number: CH2858

Profession	Chiropractic Physician
License Status	Clear/Active
Year Began Practicing	01/01/1978
License Expiration Date	03/31/2026

## General Information

### Primary Practice Address

DAVID S MURANSKY D.C.  
900 S FEDER A L HWY  
STE. B  
HOLLYWOOD, FL 33020

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.Chiropractic physicians typically do not hold staff privileges.

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
COLORADO	DOCTOR OF CHIROPRACTIC
MISSOURI	DOCTOR OF CHIROPRACTIC
	DOCTOR OF CHIROPRACTIC

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOGAN COLLEGE OF CHIROPRACTIC	DC	1/1/1975 - 1/1/1978	01/01/1978

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
PHYSIO THERAPY	OTHER PROGRAM	PHYSIOLOGICAL THERAPEUTICS & REHABILITAT		ST LOUIS	MISSOURI	01/01/1977	06/01/1977
DISABILITY IMPAIRMENT EVALUATION	OTHER PROGRAM	OTHER		FT LAUDERDALE	FLORIDA	01/01/1979	06/01/1979
COPEs SCOLIOSIS	OTHER PROGRAM	OTHER		TAMPA	FLORIDA	01/01/1997	01/01/1998

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

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
IMPROPER MEDICARE BILLING IN THE AMOUNT OF \$245	01/01/1985	FEDERAL	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:**

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

**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 \$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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
MONTGOMERY AWARD	LOGAN COLLEGE
MENTOR	FLANNIGAN HIGH SCHOOL
PAUL HARRIS FELLOW	ROTARY INTERNATIONAL

## 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

[www.muranskychiropractic.com](http://www.muranskychiropractic.com)

## 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.

FRENCH

SPANISH

## Other Affiliations

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

Affiliation
BROWARD COUNTY CHIROPRACTIC SOCIETY
FLORIDA CHIROPRACTIC ASSOCIATION