



MOHAMED KAMEL H ELZAWAHRY M.D.

License Number: ME36616

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1969
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

MOHAMED KAMEL H ELZAWAHRY M.D.
2202 STATE AVE SUITE 201
PANAMA CITY, FL 32405-4582

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
BAY MEDICAL CENTER	PANAMA CITY	FLORIDA
GULF COAST HOSPITAL	PANAMA CITY	FLORIDA
HEALTHSOUTH REHABILITATION HOSPITAL	PANAMA CITY	FLORIDA

Email Address

Please contact at: **ke3309@gmail.com**

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
AIN SHAMS UNIVERSITY, CAIRO	MD		05/13/1969

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
AIN SHAMS UNIVERSITY	INTERNSHIP	TY - TRANSITIONAL YEAR		CAIRO	EGYPT	07/01/1969	06/30/1970
AL AZHAR UNIVERSITY	RESIDENCY	IM - INTERNAL MEDICINE		CAIRO	EGYPT	07/01/1970	06/30/1972
OXFORD UNIVERSITY	RESIDENCY	IM - INTERNAL MEDICINE			UNITED KINGDOM	07/01/1972	06/30/1974
NEW CROSS HOSPITAL	RESIDENCY	N - NEUROLOGY	INTERNAL MEDICINE		UNITED KINGDOM	07/01/1974	06/30/1975
UNIVERSITY OF THE WEST INDIES	RESIDENCY	IM - INTERNAL MEDICINE		WEST INDIES	JAMAICA	07/01/1975	06/30/1976
HAHNEMANN MEDICAL COLLEGE	RESIDENCY	N - NEUROLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/1978	06/30/1979
MUHLENBURG HOSPITAL/RUTGERS UNIVERSITY	RESIDENCY	IM - INTERNAL MEDICINE			NEW JERSEY	07/01/1979	06/30/1980

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 holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	PYN - PSYCHIATRY AND NEUROLOGY	

Financial Responsibility

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

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:

PAST PRESIDENT, BAY COUNTY MEDICAL SOCIETY

PAST CHAIRMAN, SCIENTIFIC PROGRAM, BAYS COUNTY MED SOCIETY

PAST PHARMACY & THERAPEUTICS COMMITTEE, BAY MEDICAL CENTER

PAST UTILIZATION REVIEW COMMITTEE, BAY MEDICAL CENTER
PAST EXECUTIVE COMMITTEE, BAY MEDICAL CENTER

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
KENNETH VISTE, PATIENT ADVOCATE OF THE YEAR AWARD	BAY MEDICAL COMMUNITY SERVICE AWARD
CERTIFICATE OF MERIT AWARD OF THE YEAR BY FMA	

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 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.

ARABIC

Other Affiliations

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

Affiliation
AMERICAN DIABETIC ASSOCIATION
AMERICAN HEART ASSOCIATION
EMERALD COAST MEDICAL SOCIETY
EPILEPSY FOUNDATION
FLORIDA SOCIETY OF NEUROLOGY
MULTIPLE SCLEROSIS SOCIETY