



## RICHARD D LYNCH DO

### License Number: OS4068

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	01/01/1966
License Expiration	03/31/2026
Date	

## General Information

### Primary Practice Address

RICHARD D LYNCH DO  
2702 CEMBALO. BLVD APT 113  
SAN ANTONIO, TX 78230

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [Richard.duncan.lynch@gmail.com](mailto:Richard.duncan.lynch@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	PHYSICIAN
TEXAS	PHYSICIAN
NEW JERSEY	PHYSICIAN
CALIFORNIA	OSTEOPATHIC MEDICINE

### 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
PHILADELPHIA COLLEGE OF OSTEOP	DO	1/1/1962 - 1/1/1966	01/01/1966

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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE	INTERNSHIP	TY - TRANSITIONAL YEAR		PHILADELPHIA	PENNSYLVANIA	01/01/1966	01/01/1967
BROOKE ARMY MEDICAL CENTER	RESIDENCY	DR - RADIOLOGY		SAN ANTONIO	TEXAS	01/07/1972	06/30/1975
WALTER REED ARMY MEDICAL CENTER	FELLOWSHIP	OTHER	ANGIOPLASTY AND SPECIAL PROCEDURES	WASHINGTON DC	UNITED STATES	01/07/1975	06/30/1976

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 RADIOLOGY	RADIOLOGY - DIAGNOSTIC	
AMERICAN OSTEOPATHIC BOARD OF RADIOLOGY	RADIOLOGY - DIAGNOSTIC	
AMERICAN OSTEOPATHIC BOARD OF RADIOLOGY	DR - VASCULAR AND INTERVENTIONAL RADIOLO	

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 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 selfinsurance as provided in s. 627.367, 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 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
DISTINGUISHED SERVICE AWARD	AOCR

### Publications

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

Title	Publication	Date
THE EXTERNAL CAROTID ARTERY-AN ANAMOLY	CANADIAN JOURNAL OF RADIOLOGY	09/01/1975

Title	Publication	Date
THE CELIAC AXIS COMPRESSION SYNDROME-REVIEW OF THE LITERA	CELIAC OF AMERICAN OSTEOPATHIC ASSOCIATION	11/01/1976
CEREBRAL GRANULOMATOUS ANGITIS	AMERICAN JOURNAL OF RADIOLOGY	09/01/1977

### 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.

SPANISH

### Other Affiliations

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

Affiliation
AMERICAN OSTEOPATHIC COLLEGE OF RADIOLOGY