



ALAN ANDREW MACGILL

License Number: PO3341

Profession Podiatric Physician
License Status CLEAR/Active
Year Began Practicing 12/28/2007
License Expiration 03/31/2026
Date

General Information

Primary Practice Address

ALAN ANDREW MACGILL
983 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

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
BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	FLORIDA
BOCA RATON COMMUNITY HOSPITAL	BOCA RATON	FLORIDA
NORTHWEST MEDICAL CENTER	MARGATE	FLORIDA
CORAL SPRINGS MEDICAL CENTER	CORAL SPRINGS	FLORIDA

Email Address

Please contact at: alanmacgill@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
DR WILLIAM SCHOLL COLLEGE OF PODIATRIC	DPM		06/02/2006

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	08/01/1998	06/01/2002	BS - BACHELOR OF SCIENCE

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
FLORIDA HOSPITAL EAST ORLANDO- PM S 36	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY		ORLANDO	FLORIDA	07/01/2006	06/30/2009
HARBORVIEW MEDICAL CENTER AO	FELLOWSHIP	ORS - FOOT AND ANKLE ORTHOPAEDICS		SEATTLE	WASHINGTON	02/09/2009	03/06/2009

Academic Appointments

Graduate Medical Education

This practitioner has 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 \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
POSSESSION OF FRAUDULENT IDENT.	06/23/2001	ALACHUA COUNTY	NO	NOT CORROBORATED	
DRIVING UNDER THE INFLUENCE	06/18/2005	COOK COUNTY, IL	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:

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.

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:

ACFAS BOARD OF DIRECTORS

FPMA ETHICS & GRIEVANCES COMMITTEE

ABFAS CASE REVIEW COMMITTEE

PROGRAM DIRECTOR, NORTHWEST MEDICAL CENTER PMSR/RRA

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
AMERICA'S MOST INFLUENTIAL PODIATRISTS 2017	PODIATRY MANAGMENT MAGAZINE

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.spineorthocenter.com

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

Affiliation
AMERICAN BOARD OF FOOT AND ANKLE SURGERY
AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS
AMERICAN PODIATRIC MEDICAL ASSOCIATION
AO ALUMNI ASSOCIATION
FLORIDA PODIATRIC MEDICAL ASSOCIATION
PALM BEACH COUNTY PODIATRIC MEDICAL ASSOCIATION