



## RAMON M GARCIA-SEPTIEN MD

License Number: ME44890

Profession	Medical Doctor
License Status	OBLIGATIONS/Active
Year Began Practicing	01/01/1976
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

RAMON M GARCIA-SEPTIEN MD  
1490 W 49TH PLACE, SUITE 311  
HIALEAH, FL 33012

### 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
PALM SPRINGS GENERAL HOSPITAL	HIALEAH	FLORIDA
PALMETTO GENERAL HOSPITAL	HIALEAH	FLORIDA
HIALEAH HOSPITAL	HIALEAH	FLORIDA

### Email Address

Please contact at: [septienmd@aol.com](mailto:septienmd@aol.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
UNIVERSITY OF HABANA	MD	1/1/1970 - 1/1/1976	01/01/1976

## 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	State or City Country	Dates Attended From	Dates Attended To
NATIONAL HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		CUBA	01/01/1976	01/01/1979

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
DIRECTOR OF CLINICAL LABORATORY MEDICINE	INTERIM LSU PUBLIC HOSPITAL	HIALEAH	FLORIDA

## 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 FAMILY MEDICINE	FP - FAMILY MEDICINE	

## 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DUI	08/18/2012	HILLSBOROUGH COUNTY		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](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	12/20/2018	OBLIGATIONS IMPOSED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
COSTS	12/20/2018	1/19/2019	1/14/2019	\$ 5,441.91	\$ 5,441.91
FINE	12/20/2018	1/19/2019	1/14/2019	\$ 12,500.00	\$ 12,500.00
FL CARES EVALUATION	12/20/2018	3/15/2020		\$ 0.00	\$ 0.00
FAILURE TO COMPLY	12/20/2018			\$ 0.00	\$ 0.00
PRN	12/20/2018			\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/16/2019			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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:  
MEDICAL ADVISORY BOARD

## Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
AWARD	PRINCIPAL HEALTH INS COMPANY
AWARD	TEAM FREEDOM BOXING
AWARD	BRISTOL-MYERS SQUIBB COMPANY

## 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.GARCIASEPTIENMD.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.

SPANISH

## Other Affiliations

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

Affiliation
AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS
AMERICAN MEDICAL ASSOCIATION
FAC APT/AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE
SOUTHERN ASSOCIATION FOR FAMILY PRACTICE
SOUTHERN MEDICAL ASSOCIATION