



## MARVIN L SPONAUGLE MD

License Number: ME45587

Profession	Medical Doctor
License Status	RETIRED/
Year Began Practicing	01/01/1986
License Expiration Date	01/31/2024
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

MARVIN L SPONAUGLE MD  
12885 BERRYPICK TRAIL  
ODESSA, FL 33556

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [Sponaugle docs@gmail.com](mailto:Sponaugle docs@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
COLORADO	MEDICAL DOCTOR
CONNECTICUT	PHYSICIANS/SURGEON

### 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
WV UNIV SCH OF MED, MORGANTOWN	MD		01/01/1982

## 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
CHARLESTON AREA MEDICAL	INTERNSHIP	IM - INTERNAL MEDICINE		CHARLESTON WEST	VIRGINIA	07/01/1982	06/30/1983
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	RESIDENCY	AN - ANESTHESIOLOGY			FLORIDA	07/01/1983	06/30/1985

## 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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	

## 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).

## 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:**

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	11/09/2022	PROBATION	NO
FLORIDA DEPARTMENT OF HEALTH	11/09/2022	PROBATION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
MONITOR REPORTS	11/9/2022	3/16/2023	11/19/2023	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	11/9/2022		11/17/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	3/16/2023	11/19/2023	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/9/2022	7/16/2023	11/19/2023	\$ 0.00	\$ 0.00
RECORDS REVIEW	11/9/2022			\$ 0.00	\$ 0.00
ALTERNATE MONITOR	11/9/2022			\$ 0.00	\$ 0.00
TOLLING	11/9/2022			\$ 0.00	\$ 0.00
FIRST APPEARANCE	11/9/2022		3/23/2023	\$ 0.00	\$ 0.00
INDIRECT SUPERVISION	11/9/2022			\$ 0.00	\$ 0.00
CURRICULUM VITAE	11/9/2022		11/17/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	7/16/2023	11/19/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	11/16/2023	11/19/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	3/16/2024		\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	7/16/2024		\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	11/16/2024		\$ 0.00	\$ 0.00
RETURN TO PRACTICE	11/9/2022			\$ 0.00	\$ 0.00
COSTS	11/9/2022	11/8/2023	1/20/2023	\$ 26,410.80	\$ 26,410.80
MONITOR	11/9/2022		3/23/2023	\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	11/9/2022			\$ 0.00	\$ 0.00
MONITOR REPORTS	11/9/2022	11/16/2023	11/19/2023	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/9/2022	3/16/2024		\$ 0.00	\$ 0.00
FINE	11/9/2022	12/8/2022	12/13/2022	\$ 15,000.00	\$ 15,000.00
APPEARANCES	11/9/2022		3/23/2023	\$ 0.00	\$ 0.00
LAST APPEARANCE	11/9/2022			\$ 0.00	\$ 0.00
MISCELLANEOUS	11/9/2022			\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	11/16/2025		\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	11/16/2026		\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	7/16/2025		\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/19/2023		12/19/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	3/16/2025		\$ 0.00	\$ 0.00
RESPONDENT REPORT	3/16/2026			\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	7/16/2026		\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/9/2022	3/16/2026		\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/28/2023			\$ 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 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 not provided any professional or community service activities, honors, or awards.

**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.sponauglewelness.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 not provided any national, state, local, county, or professional affiliations.

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