



## JUAN E FERNANDEZ MACEIRO

License Number: ACN302

|   |                                      |
|---|--------------------------------------|
| Profession  | Area of Critical Need Medical Doctor |
| License Status  | Clear/Active                         |
| Year Began Practicing   | Not Provided                         |
| License Expiration Date   | 01/31/2028                           |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes                                  |

## General Information

### Primary Practice Address

JUAN E FERNANDEZ MACEIRO  
3071 MICHIGAN AVE.  
KISSIMMEE, FL 34744

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [MACEIRO\\_3397@HOTMAIL.COM](mailto:MACEIRO_3397@HOTMAIL.COM)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State        | Profession       |
|--------------|------------------|
| PUERTO RICO  |                  |
| FLORIDA      |                  |
| PENNSYLVANIA | GENERAL PRACTICE |

## Education and Training

## Education and Training

| Institution Name                       | Degree Title | Dates of Attendance | Graduation Date |
|--|--------------|---------------------|-----------------|
| INSTITUTO SUPERIOR DE CIENCIAS MECICAS | MD           | 9/1/1979 - 8/1/1985 | 08/19/1985      |

## 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 |
|--------------------------|--------------|----------------|----------------------|--------|------------------|---------------------|-------------------|
| LAFAYETTE RURAL HOSPITAL | INTERNSHIP   | OTHER          | ROTATING INTERNSHIP  | ARROYO | PUERTO RICO      | 06/01/2007          | 07/01/2008        |

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### 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 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.

### 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:  
INTERNATIONAL ASSOCIATION OF ASTHMOLOGY INTERASMA  
FLORIDA MEDICAL ASSOCIATION

### Professional or Community Service Awards

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

| Community Service/Award/Honor | Organization            |
|-------------------------------|-------------------------|
| PATIENTS CHOICE AWARD 2013    | AMERICAN REGISTRY VITAS |

### 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.PHCAMEDICALGROUP.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 MEDICAL ASSOCIATION |