



MUTAZ AL TABBAA MD

License Number: ME48669

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1986
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

MUTAZ AL TABBAA MD
BAY NEUROLOGICAL INSTITUTE
2559 HUNTCLIFF LANE
PANAMA CITY, FL 32405

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
BAY MEDICAL CENTER	PANAMA CITY	FLORIDA
GULF COAST MEDICAL CENTER	PANAMA CITY	FLORIDA
HEALTHSOUTH EMERALD COAST REHABILITATION	PANAMA CITY	FLORIDA

Email Address

Please contact at: mtabbaa111@gmail.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 DAMASCUS	MD	1/1/1972 - 1/1/1978	01/01/1978

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 DAMASCUS	DAMASCUS	SYRIA	09/01/1972	06/30/1978	M.D. MEDICAL DOCTOR

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	Dates Attended From	Dates Attended To
ATLANTIC CITY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		*** NEW JERSEY	07/01/1979	06/30/1980
ATLANTIC CITY MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		*** NEW JERSEY	07/01/1980	06/30/1982
MEDICAL COLLEGE OF VIRGINIA	RESIDENCY	N - NEUROLOGY		*** VIRGINIA	07/01/1982	06/30/1985
UNIVESITY OF MINNESOTA	FELLOWSHIP	OTHER	CEREBROVASCULAR DISEASE/NEUROLOGY	*** MINNESOTA	07/01/1985	06/30/1986

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 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	N - NEUROLOGY	

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 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 an affiliation with the following committees:
MEDICATION/NUTRITION COMMITTEE, BAY MEDICAL CENTER 99-PRE
BAY MEDICAL CENTER HEALTH AGENCY BOARD, BAY MED. CEN. PRE
CONTINUING MEDICAL EDUCATION COMMITTEE BAY MED. CEN. PRE
CHIEF OF MEDICINE BAY MED. CEN. 1997-98
STROKE TEAM, CHAIRMAN, BAY MED. CEN. 1998-PRESENT

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
MEMBER	NATIONAL STROKE ASSOCIATION
HEALTH PROFESSIONAL OF THE YEAR AWARD 1999	AMERICAN HEART ASSOCIATION, BAY DIVISION
HEALTH PROFESSIONAL OF THE YEAR AWARD 1997-1998	AMERICAN HEART ASSOCIATON, BAY DIVISION

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF PHYSICIANS
FELLOW	AMERICAN ACADEMY OF NEUROLOGY
FELLOW	AMERICAN SOCIETY OF INTERNAL MEDICINE

Publications

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

Title	Publication	Date
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
CEREBRAL ANGIOGRAPHY IN HERPES ZOSTER OPHTHALMICUS AND DEL	NEUROLOGY	01/01/1985
MALIGNANT THYMOMA WITH DYSAUTONOMIA AND DISORDERED NEUROM	ARCHIVES OF NEUROLOGY	01/01/1986
RELEASABLE TISSUE PLASMINOGEN ACTIVATORS IN ISCHEMIC STROK	ANNALS OF NEUROLOGY	01/01/1986
ANEURYSMAL SUBARACHNOID HERMORRHAGE PRESENTING AS CARDIORE	ARCHIVES OF INTERNAL MEDICINE	01/01/1978
RELEASABLE TISSUE PLASMINOGEN ACTIVATORS IN ISCHEMIC STROK	JOURNAL OF STROKE AND CEREBROVASCULAR DISEASE	01/01/1991

Professional Web Page

This practitioner has not provided any professional web page information.

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.