## S JASON KAPNICK

## License Number: ME49489

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1981
License Expiration 01/31/2026

Date

# General Information

### **Primary Practice Address**

S JASON KAPNICK 1317 W INDIANTOWN RD UNIT 101 JUPITER, FL 33458

#### 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
PORT ST. LUCIE MEDICAL CENTER	PORT SAINT LUCIE	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FLORIDA
PALMS WEST HOSPITAL	LOXAHATCHEE	FLORIDA
JUPITER MEDICAL CENTER	JUPITER	FLORIDA

#### **Email Address**

Please contact at: jasonkapnickmd@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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
HARVARD MED SCH, BOSTON MA	MD	1/1/1977 - 1/1/1981	01/01/1981

#### **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
BRIGHAM & WOMEN'S H	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		BOSTON	MASSACHUSETTS	07/01/1981	06/30/1982
BRIGHAM & WOMEN'S H	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		BOSTON	MASSACHUSETTS	07/01/1982	06/30/1985
BRIGHAM WOMEN'S H	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY	GYNECOLOGIC ONCOLOGY	BOSTON	MASSACHUSETTS	07/01/1985	06/30/1987

# **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	
ASST CONSULTING PROF OF GYNECOLOGY	DUKE UNIVERSITY SCHOOL OF MEDICINE	DURHAM	NORTH CAROLINA	

# **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 OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	
AMERICAN BOARD OF OBSTETRICS & GYNECOLOG	IM - ONCOLOGY	

# Financial Responsibility

#### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **Proceedings and 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: AMERICAN CANCER SOCIETY BREAST CANCER SEMINARS SPEAKER

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CATHOLIC CHILDREN'S SERVICES DONOR	FELLOW AMERICAN COLLEGE OF SURGEONS
VOLUNTEER ABUSED EQUINE RANCH	PALM BCH COUNTY MEDICAL SOCIETY
UNITARIAN CHURCH SUNDAY SCHOOL	SOCIETY OF GYNEFOLOGIC ONCOLOGISTS
PALM BCH OPERA OPERA IN SCHOOLS DONOR VOLUNTEER	SOCIETY FOR STUDY OF BREAST DISEASES

## **Publications**

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

Title	Publication	Date
ADVANCED OVARIAN CARCINOMA SURGERY	GYNECOL ONCOL	01/01/1990
COLON SURGERY IN FEMAL CANCER	GYNECOL ONCOL	01/01/1992
SECONDARY SURGERY IN FEMALE CANCER	GYNECOL ONCOL	10/10/2010

# **Professional Web Page**

This practitioner has not provided any professional web page information.

# **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

**GERMAN** 

**FRENCH** 

## **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.