



## OSCAR MANUEL MENDOZA-CALIX MD

License Number: ME55656

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1986
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

OSCAR MANUEL MENDOZA-CALIX MD  
2500 SW 75TH 2500 SW 75TH  
MIAMI, FL 33155

### 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
WESTCHESTER GENERAL HOSPITAL	MIAMI	FLORIDA

### Email Address

Please contact at: [oscarmendozamd9@gmail.com](mailto:oscarmendozamd9@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
UNIVERSIDAD DE SAN CARLOS	MD		01/01/1981

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
COOK COUNTY HOSPITAL. ANESTHESIA RESIDENCY TRAINING/PAIN MAN	CHICAGO	ILLINOIS	07/01/1990	06/30/1994	NATIONAL UNIVERSITY OF HEALTH SCIENCE
INSTITUTO SUPERIOR DE MEDICINA	VERACRUZ		06/01/2016	06/01/2020	MS IN MEDICINE

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
OAK FOREST HOSPITAL/UNIVERSITY OF CHICAGO	RESIDENCY	OTHER	GERIATRIC/CARDIOLOGY	OAK FOREST HOSPITAL/UNIV OF CHICAGO	ILLINOIS	07/01/1985	06/30/1987
UNIVERSITY OF ILLINOIS	OTHER PROGRAM	GS - SURGERY		CHICAGO	ILLINOIS	07/01/1987	06/30/1989
UNIVERSITY OF PUERTO RICO	OTHER PROGRAM	GS - SURGERY		MAYAQUEZ	PUERTO RICO	07/01/1989	06/30/1990
UNIVERSITY OF ILLINOIS	FELLOWSHIP	OTHER	PERIPHERAL VASCULAR SURGERY RESEARCH	CHICAGO	ILLINOIS	07/01/1990	06/30/1991
COOK COUNTY HOSPITAL	FELLOWSHIP	AN - ANESTHESIOLOGY		CHICAGO	ILLINOIS	07/01/1991	06/30/1994
LOYOLA UNIVERSITY MEDICAL CENTER	FELLOWSHIP	OTHER	CARDIOTHORACIC, ANESTHESIA & HEART TRANSPLANT FOR ADULTS AN	CHICAGO	ILLINOIS	07/01/1993	06/30/1994
COOK COUNTY HOSPITAL	FELLOWSHIP	AN - PAIN MANAGEMENT	REGIONAL ANESTHESIA	CHICAGO	ILLINOIS	07/01/1992	06/30/1993

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

Title	Institution	City	State
REGIONAL ANESTHESIA'S PROFESSOR	ST. GEORGE UNIVERSITY SCHOOL OF MEDICINE	ST GEORGE	NEW YORK
ANESTHESIA REGIONAL ANESTHESIA'S ATTENDING-PODIATRIY	BARRY UNIVERSITY	MIAMI	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 ASSOCIATION OF PHYSICIAN SPEC.	AN - ANESTHESIOLOGY	

## 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 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
SCHOLAR AWARD/CLINICAL ANESTHESIA RESIDENT	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH
SERVICE AWARD/COMMUNITY SERVICES	DEPT OF HEALTH/CITY OF CHIGACO
FIRST PLACE AWARD/INTERNSHIP	SAN CARLOS HOSPITAL/SAN JUAN DE DIOS UNIVERSITY
FIRST PLACE AWARD/CLERKSHIP ROTATION	RED CROSS HOSPITAL/UNIVERSITY OF SAN CARLOS
SOUTH SHORE HOSPITAL2002 PHYSICIAN OF THE YEAR	SOUTH SHORE HOSPITAL AND MEDICAL CENTER
AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE	ADJUNCT PROFESSOR FOR CLINICA MEDICINA.
KERALTY GENERAL HOSPITAL OF MIAMI	ADJUNCT PROFESSOR FOR CLINICAL MEDICINE.

## Publications

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

Title	Publication	Date
MULTILEVEL OCCLUSIVE DISEASE OF THE LOWER EXTREMETIES	AMERICAN JOURNAL OF SURGERY	01/01/1994

## Professional Web Page

oscarmendozam9@gmail.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
ILLINOIS ALUMNI SOCIETY OF ANESTHESIOLOGISTS